0	1	- 1		MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	- (K	A		12169 CERTIFICATE OF DEATH 12164	
	cuted within 24 haurs after death ampletely filled in by the funeral event, within 72 haurs after death			PLACE OF DEATH o. COUNTY Anne Arunde MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY Inne Arundel MARYLAND	7
	aurs afti by the Pages aurs aft			b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)	
	in 24 h	00		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 913 Kidgewood St. e. IS RESIDENCE ON A FARM? YES \(\sum \text{NOS} \)	3
	ecuted with campletely to ove carban y event, with			NAME OF DECEASED (Type or print) SEX. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 10 NEVER MARRIED 12 B. DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 24 HR	, DC
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	n certifii ng phys Then p		15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT; Address 44	
	e death attendi ermit. an, ar re		(Ye	es, ho/acugknawn) (If yes eigenper or dates of service) 220-03-1564 Nick Pantelides	
	equires that the death certificate be execut physician. signed by the attending physician and burial-transit permit. Then please frances burial, crematian, ar remaval, and in any ew			18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO INTERVAL BETWEEN ONSET AND DEATH	_
	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please france carban papers. Pages 1 and should be filled with the State Dept. at Health priar ta burial, crematian, are maval, and in any event, within 72 haurs after death			Canditians, if ony, which gave rise to immediate cause (o), stating the underlying cause last. (b) DUE TO (c)	
	JING PHYSICIAN: The law re by the haspital or attending (fter this certificate has been be detached far use as the State Dept, af Health priar ta	0	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\sigma \) NO [=
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	by the haspit frer this certifer the detached State Dept. af		MEDICAL	20c. TIME OF INJURY Manth, Doy, Year Haur o.m. 19	
	TTENDII DOR: Aft TOUID P			21. I certify that (I) (this hospital) attended the deceased fram	
	be reto be reto birect ge 3 shilled with			22a. SIGNATURE LICE STAFF DIRECTOR DIRE	
	TO HOSPITAL OR ATTENI Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 shauld should be filed with the	/	22.	NAME (Type) 3. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. (QCATION (City or Town) (County) (Stope)	
	Page TO FU direct shou	2		Bremoval (spedfy) 16-3-1966 St. Deinettius Hinapolis Fungral director 250. REC'D BY REGISTRAR'S SIGNATURE	
	VR A15 (4) . 20 M 1/66	D	1	oly M. Laylor tops Chimapolis, Md. DATE OCT 6 1966 scharley Judge	



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death completely filled in by the funeral nove carbon popers. Pages 1 and to event, within 72 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY h COUNTY Anne Arundel Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)

Crownsville c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis 1 month d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENC ON A FARM? 25 Clay Street Crownsville State Hospital NO X 3. NAME OF 4. DATE Lost Dov DECEASED #33154 Roland 29 19 66 Adams (Type or print) DEATH 8. DATE OF BIRTH LIF LINDER 24 HRS 9. AGE (In years IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED remove logt birthdoy) Months Doys Hours 86/14/1919 Mala Negro WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY by the offending physician ronsit permit. Then please Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Adama Nannie Jane 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) 219-46-1603 Hospital Records CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o)

Bronchopneu INTERVAL BETWEEN signed by the buriol-tronsit p ONSET AND DEATH Bronchopneumonia DUF TO Severe Pulmonary Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse os the hos been (a) Bronchogenic Carcinoma with Generalized Metastasis WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES X NO TO FUNERAL DIRECTOR: After this certificate for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Hour o.m. Not While foctory, street, office bldg., etc.) 9/29/ 19 65 hat (1) (we) lost 1966 , to. 8/30/ 21. I certify that (1) (this hospital) ottended the deceased from. 19 66, and that death occurred at 4:40 M, from couses and on the date stated above. 9/29/ sow the deceosed olive on 22b. DATE SIGNED 22o. SIGNATURE MED. DIRECTOR STAFF PHYS. 9/30/66 X M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Benedict. Crownsville, Maryland NAME (Type) director, should b 23c. NAME OF CEMETERY OR CREMATOR' (County) ADCATION (City or Town) 23o, BURIAL, CREMATION, 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR

MARTLAND STATE DEPARTMENT OF HEALTH

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) ANNE ARUNDEL o. COUNTY o. STATE b. COUNTY Page 3 to 2 Maryland d after death MARYLAND Department c. CITY OR TOWN (If outside carparate limits, write RURAL and give neorest town) b. CITY OR TOWN (If autside carporate limits, c. LENGTH OF STAY IN 1b and PM3 write RURAL and give nearest town)
Glen Burnie Perfy Hall Hrs d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? ice along with form haurs North Arundel Hospital State [4124 Loch Lomond Drive Kem 18. Give Pages YES NO hours after death. 3. NAME OF Middle First Lost 4. DATE Year in any event within 72 DECEASED Spptember 1966 John **AGRO** A. (Type or print) DEATH IF UNDER 24 HRS. S SFX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED last pirthday) Months Dovs Haurs White Male 1929 WIDOWED DIVORCED 7 1Do. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) Baltimore Rigging COUNTRY? Baltimore Maryland Ú.S.A. 24 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pencil rd "pending" in pencil Chief Medical Examine be executed within Louis Agro Grace M. File gud 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address 36 ar remaval. (Yes, no_or unknown) (If yes give wor or dotes of service)
Yes Korea 219-22-2535 Mrs Ruth Agro 4124 Loch Lomond Drive 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: Multiple severe injuries IMMEDIATE CAUSE (o). This certificate should e, writing the ward farwarded to the Cl crematian, DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) YES X NO please execute the certificate, ta 2Do. EXTERNAL CAUSE WAS PRIMAR 20 or CONTRIBUTING 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) its designated agent, priar 3 shauld Working on roof and it gave way and fell 125 ft. EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 2:00 9-6 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While 5 may be retained far yaur

O FUNERAL DIRECTOR: Page
Health or its designated age Glen Burnie 1966 A.A. Md. ot work 21. I certify that I taok charge af the remains described above, held an Autopsy [X], Inspection , Inquiry [and in my opinion deoth resulted fram: Accident X Suicide . Undetermined manner Natural causes Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE funeral TO DEPUTY September 7, 1966 DEPUTY MEDICAL EXAMINER Charles S. Springate, M.D. **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) the 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 9-10-1966 lanev Valley Cemetery Baltimore 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15ME (5) DASEP Melizulas Judas 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

Long and Art of the second and the but given a single book or plants.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE DF DEATH a. COUNTY a. STATE c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write BURAL and give nearest town) = e. IS RESIDENCE event, within 72 h d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS ON A FARM? NO DE YES etely NAME DE Middle Last 4. DATE Month Day DECEASED DF 196 (Type or print) arton executed AGE (In years LIF UNDER 1 YEAR IF UNDER 24 HRS emove SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months Days WIDOWED [DIVORCED 1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 5 during most of working life, even if retired) COUNTRY? death certificate be 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 0 (Yes, no, or unkown) (If yes give war or dates of service) cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH -transi PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUF TO Cenditions, If any, which peen gave rise to Immediate DUE TO cause (a), stating the underlying cause last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. use certificate NO N YES 0 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a, ACCIDENT WAS UNDERLYING detached for DR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) (County) TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 2Df. (City or town) factory, street, office bldg., etc.) Hour a.m. While Not While After at work at work p.m. 21. I certify that M (this hospital) attended the deceased from 22 her O DIRECTOR: 19 . and that death occurred at 10:45 M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. DIRECTOR PHYS. M.D. 22d. **ADDRESS** 22c. PHYSICIAN'S FUNERAL director, should be NAME (Type) Page (State) NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF 23c. 2 REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) DATE 1/65 20M

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. funeral 1 ond death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY a. STATE b. COUNTY UNDEL MARYLAND autside carparate limits c. LENGTH DF STAY IN 1b c. CITY OR TOWN autside carparate limits, write RURAL and give nearest tawn) write RURAL RWOOD d. NAME OF HDSPITAL DR INSTITUTION (If nat in haspital, give street oddress) IS RESIDENCE ON A FARM? ve corbon papers. event, within 72 h d. STREET ADDRESS WESTON YES NO NAME OF First Middle DATE Last Month Day Year DECEASED 3 ABETH 19 (Type or print DEATH IF UNDER 1 YEAR S. SEX COLOR OR RACE 7. MARRIED DATE OF BIRTH AGE (In years IF UNDER 24 HRS. NEVER MARRIED birthday) Months last Doys Haurs ony WIDOWFD DIVORCED KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work dane please during most af warking life, even if retired) **INDUSTRY** COUNTRY? physicion 13. FATHER'S NAME JOHNSTOWN 14. MOTHER'S MAIDEN NAME ottending phys removo OLLAR 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, or unknown) ((If yes give war ar dates of service) 5 MRS, EI MEYER SAME ONE burial, cremation, 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) signed by the burial-transit p PART I. DEATH WAS CAUSED BY: ONSET AND DEATH SHOCK IMMEDIATE CAUSE (a) DUE TO ENPOTOXINS, GRAM-NEGATIVE ORGANISMS Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause the has been EPTICEMIA last II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? ULCERS DECUBITUS YES NO O FUNERAL DIRECTOR: After this certificote be retained by the hospitol or Po 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II af item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (State) 20c. TIME OF INJURY Manth, Day, Yeor 20d. INJURY OCCURRED (City ar town) (County) Haur a.m factory, street, office bldg., etc.) Nat While at work 21. I certify that (1) (this hospital) attended the deceased from 19_66 that (I) (we) last shauld 5EP 1966, and that death accurred at 500 M, from causes and on the date stated above. saw the deceased olive an Z 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** M.D. PHYS directar, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify)
Removal -Buri Sent. 26,1966 Grandview Cemeterv Johnstown Cambria 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Beverley E. Hopping VR A15 (4) 20 M 1/66 Annapolis Hopping Funeral Home

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2 pdo requires that the death certificate be executed within 24 hours after death the attending physician and campletely filled in by the funeral sit permit. Then please femore corbon papers. Pages I ope PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY o. STATE Anne Arundel MARYLAND Maryland Anne Arundel b. CITY OR TOWN (If outside corporate limits. c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Elvaton Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within 72 Anne Afundel General Hospital YES NO TE Millersville P 3. NAME OF 4 DATE Last Year DECEASED 9. AGE (In years IF last birthdoy) M (Type or print) BLOOM Marion Lenore IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE X 8. DATE OF BIRTH IF UNDER 24 HRS 7. MARRIED NEVER MARRIED Months Days Haurs White WIDOWED DIVORCED Female June 26, 1926 10a, USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)

Housewife INDUSTRY COUNTRY? and Own Home Severn Mil.

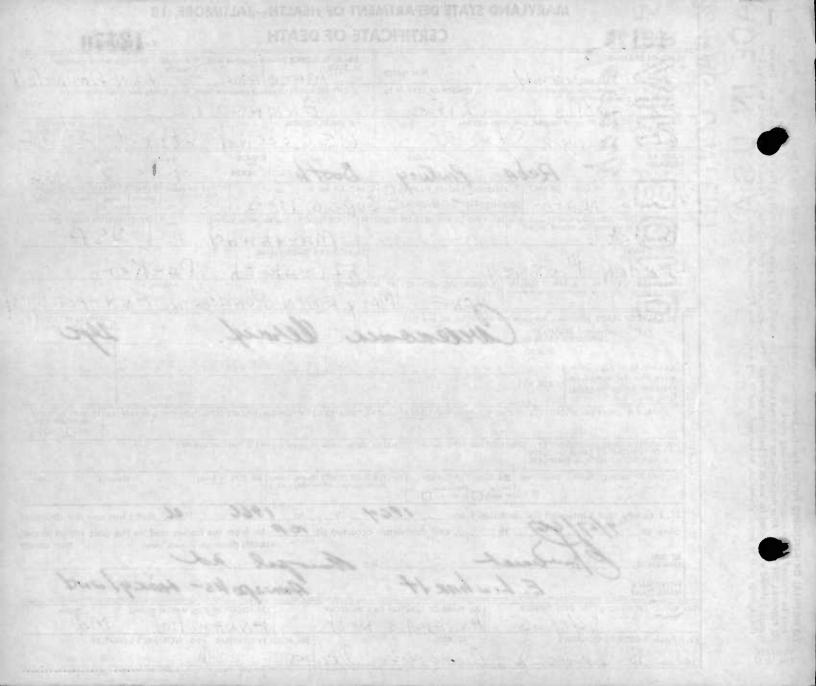
14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Allen Stevenson Lenora Durner IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) 216-20-2621 John P. Bloom, same as 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c), PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN buriol-tronsit ONSET AND DEATH IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gave rise to immediate cause (a), DUE TO stoting the underlying couse Page 4 moy be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been d for use as the of Health prior to 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, farm, 20d. INJURY OCCURRED (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Haur a.m. Nat While of work ot work 21. I certify that (1) (this hospital) attended the deceased fram_ 22 24, 1966 that (1) (we) last M, fram causes and an the date stated above 24 19 66, and that death accurred at saw the deceased alive an_ 22b. DATE SIGNED 22a. SIGNATURE ATTENDING STAFF M.D. PHYS DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, 23d. LOCATION (City or Tawn) 23a. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) Glen Haven Memorial Glen Burnie, Md.

ISTRAR 2Sb. REGISTRAR'S SIGNATURE 28 Sept. 66 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ADDRESS VR A15 Kirkley Funeral Home, Glen Burnie, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) TO DNNAPOILS

d. NAME OF HOSPITAL (If not in hospitol, give street oddress) 100 d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? O.COI RCONC YES | NO IZ-NAME OF 3. First Middle 4. DATE Month Year DECEASED OF (Type or print) 1966 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS Months Hours Min. WIDOWED A DIVORCED [7] USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (State or foreign country) during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCE SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which (b) gove rise to immediate DUE TO couse (o), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) Hour o. m. factory, street, office bldg., etc.) While Not while of work of work p. m. 1966, that I last saw the deceased 21. I certify that Lattended the deceased fram. , and that death accurred at 10 P M, from the causes and an the date stated above. alive an ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220 BURIAL, EREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) poge REMOVAL (Specify) 83. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 24 hours after death. PLACE OF DEATH a. COUNTY. 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY nne MARYLAND b. CITY DR TDWN (if outside corporate limits. C. LENCTH OF STAY IN 1b OR TOWN (If outside corporate limits, write RURAL and give nearest town) ò write RURAL and give nearest town) = asaden filled bon papers. within 72 h d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS NO D YES death certificate be executed within completely carbon NAME OF First Middle 4. DATE Month Day Year DECEASED DF 66 (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE DATE OF BIRTH ACE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Days | Hours | Min 7. MARRIED NEVER MARRIED Months Days Hours and WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done I physician in please r = 10b. KIND OF BUSINESS OR 11. BIRT HPKACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending Known rem r.E 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address the atten it permit. 50 (Yes, no, of unkown) (If yes give war or dates of service) I-transit perm II, cremation, CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). O HOSPITAL OR ALLENDING rational and attending physician. Page 4 may be retained by the hospital or attending physician. signed ! burial-burial **DUE TO** Cenditions, If any, which (b) gave rise to immediate the r DUE TO cause (a), stating the 0 underlying cause last. as CERTIFICATION WAS AUTDPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. for use Health p PERFORMED? NO T YES [d by under this cerum detached for detached for the detac 20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING DC CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury In Part I or Part II of Item 18.) MEDICAL 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, I (State) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work p.m. 19 21. I certify that (I) (this hospital) attended the deceased from 19. that (A) (we) last and that death occurred at M. from the causes and on the date stated above. saw the deceased alive on 22a. SICNATURE DATE SICNED ATTENDING MED STAFF DIRECTOR M.D. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) BURIAL, CREMATION, 23b, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 2 REMOVAL (Specify) REC'D BY REGISTRAR 25b. REGISTRAR'S SICNATURI 25a. A15 DATE 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH be executed within 24 hours after death deoth puo 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 1. PLACE OF DEATH o. STATE o. COUNTY ANNE ARUNDEL MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) DOA PORTLAND e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET AOORESS sectan and completely filled in please remove corbon papers. KIMBROUGH ARMY HOSPITAL, FGGMMD 16820 S.E. ADLER ST. YES NO 3. NAME OF First Middle 4. OATE Lost Ooy Year DECEASED BRANDLOF SEPT THOMAS JAMES 10 66 OEATH (Type or print) IF UNDER IF UNDER 24 HRS. S. SEX 8. DATE OF BIRTH 9. AGE (In years 1 YFAR 6. COLOR OR RACE 7. MARRIED **NEVER MARRIEO** Hast birthdoy) MALE CAU 4 FEB 49 WIDOWEO OIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done COUNTRY COOK, /14449#\$/SILLNOIS during mast of working life, even if retired) INDUSTRE the attending physician sit permit. Then please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remova requires that the death ceptal SHIRLEY JAMES N. BRANDLOF J. WILLIAMS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 16820 S.E.Adler (Yes_no grunknown) (If wes give wor or dotes of service) YES Mar 66-10 Sept 66/328-38-9072 JAMES N. BRANDLOF Portland. Ore. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) buriol-tronsit PART I. DEATH WAS CAUSED BY: POSSIBLE HEAD INJURY AND INTERNAL INJURY IMMEDIATE CAUSE (o) signed by DUF TO AUTO ACCIDENT Conditions, if ony, which gove ? rise to immediate couse (o), DUE TO stoting the underlying couse be retained by the hospital or ottending O FUNERAL DIRECTOR: After this certificate has been PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? for use NO A 20o. ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched AUTO ACCIDENT (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year Freet, office bldg., etc.) FT GEO G MEADE, MD p.m. Sept 10 19 66 21. I certify that (H) (Hits Hospital) attended the deceased MANAPT. WAS DOA, proceed accompanion of the residence of the deceased MANAPT. 19 66, and that death accurred at 2230PM, from causes and an the date stated abave. southerdecombolismon 10 SEPT 22b. OATE SIGNEO 220. SIGNATURE **ATTENOING** X 10 SEPT 66 M.O. OIRECTOR PHYS. PHYS. 22d. REPRESEROUGH ARMY HOSPITAL, FGGMMD LYNN W. HOLDER, CAPT, MC 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) 23o. BURIAL, CREMATION, REMOVAL (Specify) Portland 66, Ore. WILLAMETTE Nat. cemetery Sept.15, 1966 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR AODRESS 24. FUNERAL DIRECTOR VR A15 (4) 1966 DATE 20 M 1/66 Harold S. Wade, 550 Wash, Blvd., Laurel, Maryland

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1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR	ενι ΔΝΠ
FOR STATE	12179 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 121	74
HEALTH DEPT.	1. PLACE DF DEATH a. COUNTY b. COUNTY b. COUNTY	idence before admission)
Mar 8 82	MARYLANO MARYLANO	, CC
delay is necessary, and 3 to the funeral and 5 may be state Department hours after death.	b CITY OR TOWN (if outside corporate limits; c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL en	nd give nearest town)
the 5 r	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d, STREET ADDRESS	ON A FARM?
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any dels , 2, and PM3. F h the St n 72 hou	3. NAME DF DECEASED (Type or print) 9	Oay Year 1966
ith. If all ges 1, 2 form P within	5. SEX 6. COCOR OR BACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1	YEAR IF UNDER 24 HRS.
eath.	MICHE WIOOWED DIVORCEO 7-17/183 yrs.	Days Hours Min.
fter dea Give Pa g with I and y event	dua USUAL OCCUPATION (Give kind of workdone down in the country) 10b. KINO OF BUSINESS OR II. BIRTHPLACE (State or foreign country) 12. CIT. COU	IZEN OF WHAT
n 18. de along along pages lin any	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
14 hour ltem Office File pand	15. WAS OECEASED EVER IN U.S., ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	A /
J within 24 pencil in miner's 0 permit. F	(Yes, no, or ankown) (1949 give war of datas of service) Dallare Nall	Lenter
d with the samine samine per rem	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] PART I. OEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND GEATH
cute g" ir exa ansit n, or	IMMEDIATE CAUSE (a)	act
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uld be executed d "pending" in ef Medical Exan a burial-transit , cremation, or i	gave rise to immediate cause (a), stating the DUE TO	
shot word Chie as a rial,	underlying cause last,) (c)	19. WAS AUTOPSY
ficate shoul the word the Chiel the Chiel used as a to burial,	CATIO	PERFORMED?
EXAMINER: This certificate should be executed within 24 hours after death. If a certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, hould be forwarded to the Chief Medical Examiner's Office along with form lies. OR. Page 3 should be used as a burial-transit permit. File pages. I and 2 with signated agent, prior to burial, cremation, or removal, and in any event within	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING COURSED. (Enter nature of Injury In Part I or Part II of Item 18.) CAUSE OF DEATH.	
: This te, w orwar shou gent,	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town)	ty) (State)
INER iffical be f be f ed a		/
AL EXAMINE The certification of the certification o	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, death resulted from: Natural causes Accident Suicide Homicide Undetermined manner	and in my opinion
AL EXA the color should be colored. CTOR: design	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner C	
MEDICA kecute the Page 4 for your its con its	ACTUAL SIGNATURE M.O. ASSISTANT MEDICAL EXAMINER	22. OATE SIGNED
> 0 < - 1	EXAMINER'S NAME (Type) Address (Street, city, town, or county)	1/4/46
D DEPUT please e director. retained D FUNER of Health	23a. BURIAL, CREMATION, 23b. DATE THEREOF. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or goun	ity) State
5 2 2 5 5	24 FINERAL OIRECTOR ADDRESS ASA. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2180 death. The law requires that the death certificate be executed within 24 haurs after death by the funeral Bages 1 and 2 naurs after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH a. SIMEaryland b Anne Arundel a. COUNTY MARYLAND Anne Arundel c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If autside corparate limits, write RURAL and give neorest tawn) write RURAL and give neorest tawn) Odenton d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? and completely filled in ve carban papers. event, within 72 h Unknown YES NO X Crownsville State Hospital 3. NAME OF Last 4. DATE Month Day Yeor remave carban DECEASED OF 9 (Type or print) 3-#31197 22 Michael Joseph Brukiewa 19 66 DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX NEVER MARRIED DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED last birthdoy) Manths Dovs Hours Aug. 17, 1909 Male White WIDOWED DIVORCED 12. CITIZEN OF WHAT 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) physician a ner please oval, and ir COUNTRY? during most of working life, even if retired) INDUSTRY Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME removal James Brukiewa Ida Cieslak the attending p 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates at service) Unknown Hospital Record burial, crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit ONSET AND DEATH PART 1. DEATH WAS CAUSED BY Bronchopneumonia IMMEDIATE CAUSE (o) attending physician. DUE TO Canditians, if ony, which gave Carcinoma of Floor of the mouth rise to immediate cause (o), DUE TO stating the underlying cause priar ta b has been the 00 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) use CERTIFICATION NO X Chronic Alcoholism: YES Inanition O FUNERAL DIRECTOR: After this certificate ATTENDING PHYSICIAN: for 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port | or Port || of item 18.) 20g. ACCIDENT WAS UNDERLYING O HOSPITAL OR ATTENDING PHYSICIAN Page 4 may be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (Stote) 20e. PLACE OF INJURY (Hame, farm, (City or tawn) (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o.m. factory, street, office bldg., etc.) State (at work at wark e aeceased tram <u>1/28</u> , 19 <u>66</u> , ta _19 <u>66</u> , and that death accurred at3:30 M 1966, that (1) (we) last 21. I certify that (this haspital) attended the deceased fram 6/22 directar, page 3 shauld should be filed with the 6/22 M, fram causes and an the date stated above. saw the deceased alive an A 22b. DATE SIGNED 220. SIGNATURE ATTENDING STAFF PHYS. X 6/22/66 DIRECTOR M.D. ADDRESS 22c. PHYSICIAN'S Crownsville S.ate Hospital, Maryland Benedict. NAME (Type) 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 23o. BURIAL CREMATION BREMOVAL (Specify) Sacred Heart of Mary Cem. Baltimore Maryland 9/24/66 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 2829 Hudson St. Balto. Md. DATE SEP John J. Duda Inc.

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516	Items 18-21 Film 382 10-2MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	1218: MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12176	
HEALTH DEPT.	1. PLACE OF DEATH a. COUNTY Anne Arundel 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before odm a. STATE Maryland b. COUNTY Anne Arundel	,
hours after death. If they delay is tem 18. Give Pages 1, 2, and 3 ta Office along with farm PM3. Page and 2 with the State Department af event within 72 haurs after death.	b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Annapolis c. LENGTH OF STAY IN 1b Annapolis	
Depart Press aft	d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS R ON	RESIDENCE A FARM?
ath. I	Anne Arundel General Hospital RFD #1, Box 213 YES [3. NAME OF First Middle Last 4. DATE Manth Day	Year
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18. (e alore alore with the with	Male White WIDOWED DIVORCED 2-28-1928 last birthday) 38 yrs. Manths Days Hau	
1 24 hours I in Item 11 ier's Office ges 1 and 2 v	100. USUAL OCCUPATION (Give kind of work dane days of work dane days of working difference). 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY ANNAPOLIS MD	
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uted will go in pe ical Exar mit. File val, and	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas no prunknawn) (If yes give wor or dotes af service) 16. SOCIAL SECURITY NO. 17. INFORMANT AMELIA GALLOWAY BURTS	#2
shauld be executed he ward "pending" i to the Chief Medical burial-tronsit permit. matian, or removal,	18. CAUSE OF DEATH (Enter anly one cause per line far (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: ONSET AN	BETWEEN ND DEATH
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certifica , writing arwarde used as burial, c	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a).	AUTOPSY ORMED?
MINER: This of the certificate, a shauld be failur ifles. e 3 should be u gent, priar ta b	PERFORMAN ZOG. EXTERNAL CAUSE WAS PRIMARY ZOG CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year Haur -e.m 9 17 10 66 While Not While Cause of Death. PERFORMAN ZOG. (Enter nature of injury in Part I ar Part II af item 18.) Driver in truck-auto collision 20c. TIME OF INJURY Month, Day, Year Haur -e.m 9 17 10 66 While Not While Catary, Street, office bldg., etc.) Not While Catary, Street, office bldg., etc.) Devides on wille AA	NO
AL EXAMINER: execute the certifuer. Page 4 shauld if far your files. TOR: Page 3 should agent, pring the page 3 should in the page 3 should page 4 should be page 4 should be page 5 should be pa	PRIMARY MOTONIRIBUTING LI CAUSE OF DEATH. Driver in truck-auto collision 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City ar tawn) (County)	(State)
EXAM age 4 yaur yaur Page 4 age	p.m. / I drwdrk L drwdrk L Davidoon 12110	Md .
	death resulted from: Natural causes, Accident, Suicide, Hamicide, Undetermined manner	ny opinion
please al director retainer its design	SIGNATURE Charles Cety M.D. ASSISTANT MEDICAL EXAMINER \(\time\) 22. DI	ATE SIGNED
ro DEPUTY ME necessary, plec the funeral dir 5 may be reta ro FuneRAL DII Health ar its d	NAME (Type) Charles S. Petty, M.D. Address (Street, city, town, or county)	0/66
TO D The c To FL Hea	23a. BURIAL, CREMATION, BENDY Specify 10-1-1986 ST. ANNE'S CEMETERY ANNAPOLIS	(Stote)
VR A15ME (5)	24. FUNERAL DIRECTOR JOHN M. TAYLOR. SONS ANDRESS MO DATE OCT 4 1966 FULL OF SONS ANDRESS MO DATE OCT 4 1966	sge.

C+P. TELEPHONECO

WILLIAM H. BURTIS

ANNAPOLIS MD USB.

LILLY LEATHER BURY

AMELIA GALLOWAY BURTIS FL

BURIAL 10-1-19EC ST. ADDE'S CEMETERY ANIMPLIS JOHN M. TAYLOR SONS HOUSENS MO. WIT 1860 Printed grant

DIVISION OF STATISTICAL RESEARCH AND ESTON STREET, BALTIMORE 1, MARYLAND OF DEATH should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Rasidence before admission) e. COUNTY e. STATE b. COUNTY 12 t MARYLAND ਹ b. CITY OR TOWN (if outside corporata limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL end give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) e. IS RESIDENCE ON A FARM? YES NO NAME OF Middle Last 4. DATE Month Day Year DECEASED OF (Typa or print) DEATH 19 carbon 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED and last birthday) Months Days 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working lile, evan if retired) RABORER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give wer or dates of service) ig physician, signed by the 18. CAUSE OF DEATH |Enter only ona cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET, AND DEATH KONCHOPNEUMONIA PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) geve risa to immadiete cause DUE TO (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY CERTIFICATIO PERFORMED? NO YES 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING TI OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 20f, (City or town) (County) (Stata) factory, streat, office bldg., atc.) While Not While Hour a.m. at work at work p.m. 21. I certify that M (this hospital) attended the deceased from......7.1 M, from the causes and on the date stated above. .19, and that death occurred at ... saw the deceased alive on 22b. DATE 22a. SIGNATURE ATTENDING **IGNE** DIRECTOR PHYS. M.D. leath. Page 4 FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Typa filed v OF CEMETERY OR CREMATORY LOGATION (City, town or county) (State 23a. BURIAL, CREMATION, 23b. DATE THEREO! REMOVAL (Specify) 0 2Sa. REC'D BY REGISTRAR FUNERAL DIRECTOR'S SIGNATURE 25b. REGISTRAR'S SIGNATURE VR A15

CONTRACTOR OF THE LOCAL CONTRACTOR OF THE STATE OF THE ST MATERIAL PROPERTY AND ADMINISTRATION OF THE PROPERTY ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY AN The state of the s the second of the second

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 12183 24 hours after deoth 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY Anne Arundel Maryland 10 Anne Arundel MARYLAND rsicion and campletely filled in by the falses remove carbon popers. Pages b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Annapolis c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 popers. Pag hin 72 hours 5 days Churchton d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) IS RESIDENCE ON A FARM? d. STREET ADDRESS Anne Arundel General Hospital NO IY YES event, within ificate be executed within 3. NAME OF Middle First 4. DATE Month Dov Year DECEASED William (none) COLLINSON September 20 19 66 (Type or print) DEATH AGE (In years 1 YFAR IF UNDER 24 HRS. S. SEX B. DATE OF BIRTH IF UNDER 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Hours Male White Aug. 31, 1889 DIVORCED WIDOWED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Buildin Maryland ARDENTER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal the offending 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address low requires that the deoth permit. Deole cremation, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) buriol-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY Cardiac standstill (arrest IMMEDIATE CAUSE (o). 10 minutes signed by DUE TO Conditions, if ony, which gove Acute (anterior) myocardial infarction rise to immediate couse (o), DUF TO stoting the underlying couse Page 4 moy be retained by the hospital or attending for Euneral Director: After this certificate has been director, page 3 should be detoched for use as the chauld he filed with the State Dept. of Health prior to lost. Arteriosclerosis, general and coronary many years PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? NO Diabetes mellitus, pulmonary emphysems, congestive heart failure

Oo. ACCIDENT WAS UNDERLYING | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m foctory, street, office bldg., etc.) Not While ot work , 1966 , to Sept. 20, 1966 , that (I) (send last 21. I certify that (I) (**Chastion) attended the deceased from 15 Sep., I saw the deceased alive an Sept. 20, 19.66, and that death occurred at M, fram causes and an the date stated above. 22b. DATE SIGNED 220. SIGNATURE STAFF PHYS. ATTENDING DIRECTOR M.D. PHYS. 22d. ADDRESS South River Medical Center 22c. PHYSICIAN'S NAME (Type) Edgewater Maryland 21037 Charles W. 23d. LOCATION (City or Town) BURIAL, CREMATION, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) 250 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 12184 requires that the death certificate be executed within 24 haurs after death death by the funeral Pages 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTY MARYLAND mare TOWN (If gutside carporate limits, c. LENGTH OF STAY IN 16 OWN (If autside carparate limits, write RURAL and give nearest tawn) RURAL and give nearest tawn) SEVELS ban papers. within 72 hc completely filled in e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in baspital, give street address) d. STREET ADDRESS EYGYERM YES 🗍 NO K carban 3. NAME OF Middle DATE Month Last Day Year DECEASED OF 9 3 19 DEATH (Type ar print) 9. AGE (In years 1F UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED **NEVER MARRIED** birthday) Months Days Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT (Caunty & State, or foreign cauntry) **COUNTRY?** during most of warking life, even if retired) INDUSTRY a 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME OWEY WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war ar dates of service) Б Nonco crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO signed burial, Conditions, if any, which gave rise ta immediate cause (a), DUE TO stoting the underlying couse has been the last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS PHYSICIAN: The CERTIFICATION PERFORMED? NO O FUNERAL DIRECTOR: After this certificate far 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II af item 18.) be detached for State Dept. af H OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or tawn) (County) 20c. TIME OF INJURY Manth, Day, Year Haur a.m. factory, street, affice blda., etc.) Not While ot work ot wark 21. I certify that (1) (this haspital) attended the deceased fram. be retained and that death occurred at 11:2/1 M, fram causes and an the date stated above saw the deceased alive an 220. SIGNATURE DATE SIGNED DIRECTOR M.D. PHYS PHYS 22d. ADDRESS 22c. PHYSICIAN'S director, pur NAME (Type) aN 3 23d. LOCATION (City or Town 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION (County) REMOVAL (Specify) En 25b. REGISTRAR'S SIGNATURE EUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR DATE SE

1 3 60 0 ATTENDED TO

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 12185 PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY Anne Arundel o. STATE b. COUNTY Maryland nne Arundel MARYLAND c. CITY OR TOWN (If autside corparote limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside corporate limits, CLENGTH OF STAY IN 16 write RURAL and give neorest town) Glen Hurnie 111111 Glen Burnie d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? N. Arundel Hosp. #7833 Americana Circle YES NO 3. NAME OF Middle 4. DATE Doy Year DECEASED JAMIE CRAWFORD (Type or print) ROBERT DEATH Sept. 19 66 9. AGE (In years lost birthday) IF UNDER 24 HRS S. SEX IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Doys Hours DIVORCED WIDOWED White lan. 9. 1909 Male 10a, USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Davison Chem. Co. Richmond, Va.

14. MOTHER'S MAIDEN NAME Accountant 150 13. FATHER'S NAME Jamie R. Crawford Sr. Effie Cottrell 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service) 216-18-0517 Mrs. Nancy E. Crawford (wife) Same as 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)
PART 1. DEATH WAS CAUSED BY: Coronary Thrombosis, acute INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (a) 30 minDUF TO Conditions, if ony, which gove rise to immediate couse (o). DUF TO stoting the underlying couse as the the hospital ar attending O FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Bilateral iliac arterial occlusion. Vein graft Apr. far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (County) (State) factory, street, affice bldg., etc.) Not While at wark at wark 21. I certify that (I) (this hospital) attended the deceased fram NOV. 1965, ta_ Sept 1966, that (I) (we) last saw the deceased alive on Sept 19 66, and that death occurred at 2:30 M. Mrom causes and on the date stated above. 22b. DATE SIGNED 22a, SIGNATURE ATTENDING 9-13-66 M.D. DIRECTOR PHYS. PHYS. ADDRESeverna Park, Maryland 22c. PHYSICIAN'S Francis I. Codd M.D. shauld 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23a. BURIAL, CREMATION, REMOVAL (Specify) Baltimore, Md. Sept. 15/66 Balto. Dat'l. Cem. 2Sb. REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR DATE SEP Singleton Funeral Home, Glen Burnie, Md. 1986 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE 2, ond 3 to PM3. Poge b COUNTY of Anne Arundel ofter death. Maryland MARYLAND Home House b. CITY OR TOWN (If outside carparate limits, write RURAL and give neares) town)
Annapolis c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Davidsonville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? hours Anne Arundel General Hospital Give Pages YES NO X after death. 3. NAME OF 4. DATE Lost Month Doy within 72 Year DECEASED (Type or print) **JOHN** HENRY DAVIS September 19 66 17 DEATH 5. SEX IF UNDER 24 HRS. 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED lost birthdoy) Dovs Hours Item 18. Male Negro WIDOWED DIVORCED 24 hours 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CIJIZEN OF WHAT during most of working life, even if retired) INDUSTRY in ony aboc pencil 13. FATHER'S NAME MOTHER'S MAIDEN NAME This certificate should be executed within ond WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO removal, permit. (Yes, no or unknown) (If yes give wor or dotes of service) CAUSE OF DEATH (Enter anly one couse per line for (o), (b), and (c).) INTERVAL BETWEE ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 0 IMMEDIATE CAUSE (o) Multiple Traumatic Injuries writing the word burial, cremation, DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse 00 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) the certificate, YES X NO designated agent, prior to 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should PRIMARY ☑ or CONTRIBUTING □ MEDICAL EXAMINER: Driver in auto-auto collision. CAUSE OF DEATH 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) foctory, street, office bldg., etc.) may be refolined for your FUNERAL DIRECTOR: Poge Not While 9/17 1966 Md. A.A. at work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection | Inquiry \(\bigcirc\) ond in my opinion the funerol director. Accident x deoth resulted from: Noturol couses Homicide Suicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Heolth or **EXAMINER'S** 9/18/66 Charles S. Petty, M.D. Address (Street, city, town, or county) NAME (Type) 23b. DATE THEREOF NAME OF CEMETER COL 23o. BURIAL CREMATION. 50 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Ocharles 66 VR A15ME (5)

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. STATE b. COUNTY o. COUNTY 2, and 3 ta PM3. Page delay is Department of MARYLAND c. CITY OR TOWN (If outside_corporate limits, write RURAL and give neorest town) b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b. write RURAL and give pearest tawn) ofter (e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS alang with farm haurs in Item 18. Give Pages 1, 543 Maple Ridge RD. with the State [within 72 haur NO X 4. DATE Middle Month Dov Year NAME OF DECEASED Grace 19 6 C ecRIN. DEATH (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX NEVER MARRIED 619st birthdoy) 8 Sept. WIDOWED Office 24 haurs 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State ar fareign country) 10o. USUAL OCCUPATION (Give kind of work done Italy COUNTRY? during most of working the war is refised to Salerno. TWO FRY ed e, writing the ward "pending" in pencil in forwarded to the Chief Medical Examiner's an 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME in pencil be executed within _ Russo (Deceased) Anna MM Deceased Ferdinand and 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. (Yes, not ar unknown) (If yes give water dotes of service) 004-05-3810 Same as #2 Mr. Lawrence Deering. remayal. MTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY Or IMMEDIATE CAUSE (o) certificate shauld writing the ward burial, crematian, DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse 19. WAS AUTOPS! PERFORMED? PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO please execute the certificate 10 pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 3 shauld agent, priar PRIMARY Or CONTRIBUTING EXAMINER: CAUSE OF DEATH 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year Hour o.m foctory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Page ot work ot work designated 21. I certify that I took charge of the remains described above, held on Autopsy Inquiry Inspection ond in my opinion ā Accident Suicide Homicide Undetermined monner funeral director. deoth resulted from Naturol couses CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER Health ar **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23a. BURIAL, CREMATION, 23b DATE THEREOF (County) 50 REMOVAL (Specify) Portland, Maine Cemetery Sept. 17, 1966 Calvary 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR S. Wade, 550 Wash. Blvd., Laurel, Maryland VR A15ME (5) 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12183 12188 CERTIFICATE OF DEATH 2 O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) the attending physician and completely filled in by the funeral sit permit. Then please remave carban papers. Pages 1 and PLACE OF DEATH a Countyne Arundel POTTAGE George " Maryland MARYLAND C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give neorest tawn) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) 27 days Upper Marlboro Crownsville emave carban papers. any event, within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street oddress) d STREET ADDRESS e. IS RESIDENCE Crownsville State Hospital 3. NAME OF Middle 4. DATE Manth Deville Day 3-#06871 Louise DECEASED 1966 (Type or print) DEATH IF UNDER 24 HRS. 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** last birthday) Haurs Negro Female 1911 WIDOWED DIVORCED 11. BIRTHPLACE (Caunty & State, ar fareign cauntry) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind af work dane 10b. KIND OF BUSINESS OR COUNTRY 3 A. during mart of working liter even if retired) INDUSTRY _____ Unknown 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Charles Deville Alice (If yes give wor or dates af service) WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Hospital Records Unknown signed by the atter burial-transit perm burial, crematian, a INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Septicemia IMMEDIATE CAUSE (a) Due: Decubitus Ulcers Page 4 may be retained by the haspital ar attending physician. DUE TO Bilateral Amoutation Conditions, if ony, which gave rise ta immediate cause (a). DUF TO stoting the underlying couse as the Diabetes Mellitus O FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) MEDICAL CERTIFICATION etached for use Dept. af Health Schizophrenia-Paranoid, Generalized Arteriosclerosis YES TX NO T for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While at work at wark shauld be 19____, that (I) (we) last W. C. M. 21. I certify that (1) (this hospital) attended the deceased from 10 66 and that death accurred at M, fram causes and an the date stated above. saw the deceased alive an director, page 3 sha shauld be filed with 220. SIGNATURE 22b. DATE SIGNED 9/1/66 ATTENDING PHYS. DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S Crownsville State Hospital, Maryland NAME (Type) McHenry Mapp, 23d. COCATION Kity or Town NAME OF CEMETERY OR CREMATOR (County) (State) 23o. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

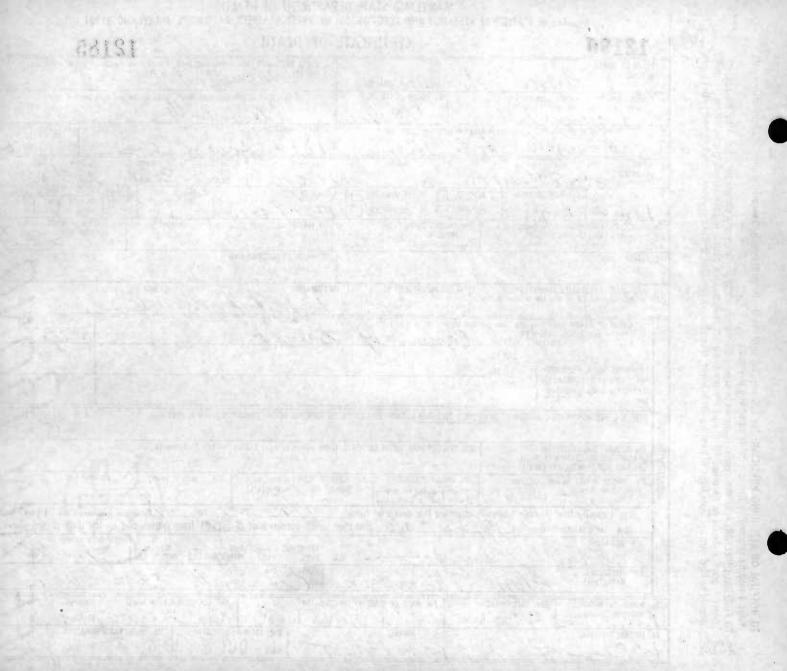
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMOREA MARYLAND FOR STAT MEDICAL EXAMINER'S CERTIFICATE DEATH HEALTH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY a.Statevland Anne Arundel Anne Arundel MARYLAND essary, funeral nay be Department after death. b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) тау Glen Burnie(Marlev Pk. Glen Burnie. (Marley Pk.) 6mos. 10 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? State hours Summit Ave. 203 Summit AVE. NO X YES NAME OF First Middle Lest 4. DATE Month Day Year DECEASED the MILDRED M. DINGLEY DEATH (Type or print) September 2 19 66 2 with within 6. COLOR OR RACE | 7. MARRIED 5. SEX DATE OF BIRTH AGE (In years lest birthday) IF UNDER 1 YEAR HE UNDER 24 HRS. form NEVER MARRIED hours after death. em 18. Give Pages Months I Days Hours Female White 28 67 WIDOWED X DIVORCED July 1899 event 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? along Housewife Dwn Home U.S.A Viroinia 13. FATHER'S NAME MOTHER'S MAIDEN NAME 24 h unknown) Atwood (unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address 17. INFORMANT (Yes. no. or unkown) (If yes give war or dates of service) EXAMINER: This certificate should be executed within certificate, writing the word "pending" in pencil is Examiner's NONE Catherine Weigand -Same as # 2 remov 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: burial-transit cremation, or IMMEDIATE CAUSE (e) cremation, Chief Medical **DUE TO** Conditions, if eny, which (b) geve rise to immediate DUE TO cause (a), steting the g used as a to burial, underlying cause lest. (c) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) certificate, writing the NON YES [CERTIFI 20b. DESCRIBE HOW INJURY OCCURREO. (Enter nature of injury in Part I or Part II of Item 18.) EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. should lent, pri 3 shou MEDICAL 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour a.m. While Not While CTOR: Page designated at work at work the certi Inspection Inquiry and In my opinion 21. I certify that I took charge of the remains described above, held an Autopsy RECTOR: Undetermined manner death resulted from: Natural causes Accident Suicide Homlcide CHIEF MEDICAL EXAMINER Your 53 ACTUAL DATE & IGNED ASSISTANT MEDICAL EXAMINER SIGNATURE for 0 DEPUTY MEDICAL EXAMINER Health **EXAMINER'S** director. retained Address (Street, city, town, or county) NAME (Type) 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23b. REMOVAL (Specify) ö 0 Cemetery Millersville, Md. 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE Our Lady Catholic 24. FUNERAL DIRECTOR VR ALSME (5) Home/Glen Burnie. Sinoleton Funeral 5M 1/65

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death filled in by the funeral names. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission o. COUNTY o. STATE b. COUNTY b. CITY OR TOWN (If outside corporate limits. c. CITY OR TOWN write RURAL and give nearest town) write BURAL and give nearest town), (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 06 NO T hin 3. NAME OF DATE carban Lost Month Doy DECEASED rie (Type or print)#0368 XON DEATH 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR SEX IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH Months Doys Hours WIDOWED DIVORCED 3 yrs. 17. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY COUNTRY? 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Hospital Records 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been prior to as the WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) use YES [NO hospital ar for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20c. TIME OF INJURY Month, Doy, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) Not While foctory, street, office bldg., etc.) ot work be retained by pe 22 , 1966, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. 1932, to 1966, and that death occurred at 5345M, fram causes and an the date stated above saw the deceased olive on. 220. SIGNATURE 22b. DATE SIGNED ATTENDING rome M.D. DIRECTOR PHYS. PHYS 22d. ADDRESS PHYSICIAN'S NAME (Type) shauld directar 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) 2Sb. REGISTRAR'S SIGNATUR 2So. REC'D BY REGISTRAR FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 1966 11 POS DATE

MARYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #2 infor CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death r filled in by the funeral n papers. Pages 1 and 2 ithin 72 hours after death PLACE OF OEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) O. COUNTY ANNE o. STATE b. COUNTY ARUNDEL MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT GEORGE G. MEADE NA Glen Burnie d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? KIMBROUGH ARMY HOSPITAL NA 1019 Genine Dr. YES NA NO 3. NAME OF Middle OATE First Lost Month Doy Year OECEASEO (NOT NAMED DOMINICK 1966 (Type or print OEATH September 2. 9. AGE (In years S. SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS. **NEVER MARRIED** 8. DATE OF BIRTH last birthday Months Hours Min. DIVORCED September 2,1966 MALE CAU 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT edse during most of working life, even if retired) INDUSTRY COUNTRY? ANNE ARUNDEL, MARYLAND
14. MOTHER'S MAIDEN NAME NA NA USA attending physic permit. Then ple 13. FATHER'S NAME JOHN A. DOMINICK GRACE SUTTLES 16. SOCIAL SECURITY NO 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? JOHN FORMANT DOMINICK Address (Yes, no, or unknown) (If yes give wor or dotes of service 10 1019 Genine Drive, Glen Burnie, Maryland INTERVAL BETWEEN 1B. CAUSE OF OEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit PART I. DEATH WAS CAUSED BY: onset and death IMMEDIATE CAUSE (0) Asphyxia neonatorum 7620 **OUE TO** Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse the has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? NA NO T TO FUNERAL DIRECTOR: After this certificate for 20g. ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) the haspital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) NA NA 20c. TIME OF INJURY Month, Ooy, Year 20d. INJURY OCCURREO 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o.m Not While of walkA ot work 21. I certify that (I) (this has right) attended the deceased from September 2 1966, taSeptember 2 1966, that (I) (xxx) last ro Hospital or Attend Page 4 may be retained saw the deceosed alive on 2 September 1966, and that death occurred at 9:00 M, fram couses and on the date stoted above. 22b. OATE SIGNEO 22o. SIGNATURE **ATTENDING** THEODORE F. TOULAN September 2,1966 M.D. PHYS. **OIRECTOR** PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) THEODORE F. TOULAN, M.D. Kimbrough Army Hosp, Ft G G Meade, Md. directar, shauld b 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Cremation September6,1966Kimbrough Army Hospital Ft G G Meade, Anne Arundel, Md. 25b. REGISTRAR'S SIGNATURE 2So. REC'O BY REGISTRAR 24. FUNERAL OIRECTOR VR A15 (4) Jonathan Roberts, CPT, MSC, Kimbrough AH, Ft G. 1966 OATE 20 M 1/66

G. Meade. Md

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 12187 requires that the death certificate be executed within 24 haurs after death FOUND DEAD FORT GEORGE G. MEADE 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission ded a. STATE MARYLAND campletely filled in by the face carban papers. Pages c. CITY OR TOWN (If outside carparote limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 T GEO G MEADE, MD ST MICHAELS, MARYLAND DOA e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS GRACE STREET KIMBROUGH ARMY HOSPITAL. FGGMMD YES NO T NAME OF Middle FOUND MARAD Year DECEASED (Type or print) MARY JO DYOTT DEATH 3 SEPT 66 19 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 9. AGE (In years S. SEX 7. MARRIED NEVER MARRIED oet birthday) Months Hours 18 SEPT 1948 CAUCASIAN FEMALE 11. BIRTHPLACE (County & State, or foreign country) 10a. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during mast of working life, even if retired) COUNTRY ST MICHAELS. TALBOT. MD. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ERNEST W. DYOTT CATHERNE BALL 16. SOCIAL SECURITY NO. 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unknown) (If yes give war or dates af service) ERNEST W. DYOTT: GRACE ST. ST MICHAELS. MD NONE INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY BLUNT FORCE HEAD INJURIES: ASSOCIATED MANUAL IMMEDIATE CAUSE (o) FOUND DEAD **MINEREX** 3 SEPT 66 Canditians, if any, which gave STRANGULATION Xex rise to immediate cause (a), DUE TO stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION YES X NO [b 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH HOMICIDAL ASSAULT BY ANOTHER (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (Caunty) Not While foctory, street, affice blda., etc.) at wark at wark be retained by 21. I certify that I MANASANO SPANIA CONFERENCE AND STRANGE OF WAS DOA x and the decreased divergence and an the date stated above. 22b. DATE SIGNED 22a. SIGNATURE **ATTENDING** STAFF PHYS. 6 SEPT 66 DIRECTOR M.D. 22c. PHYSICIAN'S ARMY LABORATORY. FGGMMD HENRY M. SNELL, CPT, MC, USA NAME (Type) director, 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF (County) 23a. BURIAL, CREMATION BUT1a1 St. Michaels, Talbot Co., Md. Sept 6. 1966 Olivet Cemetery 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR CHATE SEP 1966

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FOR STATE	12193 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12188
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= " E 0 554	write RURAL and give neorest town) Baltimore-rural d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) North Arundel General Hospital Conway d. STREET ADDRESS North Arundel General Hospital 1506 3rd Ave. Pres North Arundel General Hospital
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L EXAMINER: T tecute the certifice Page 4 should b or your files. R: Page 3 should atted agent, prior	20c. TIME OF INJURY Month, Doy, Yeor How Kark 11:00 p.m. 9 17 1966 20d. INJURY OCCURRED of work of
TO DEPUTY MEDICAL EXAMINER: necessary, please execute the certi the funeral director. Page 4 should 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should Health or its designated agent, pri	21. I certify that I taak charge af the remains described abave, held an Autapsy X, Inspection , Inquiry , and in my apinion death resulted fram: Natural causes , Accident Suicide , Hamicide , Undetermined manner ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED DEPUTY MEDICAL EXAMINER 9/19/66 NAME (Type) Werner U. Spitz, M.D. Address (Street, city, town, or county)
00	236. BURIAL (REMATION, REMOVAL (Specify) Removal Specify) Sept. 20, 1966 Union Methodist Cemetery Myrtle Beach S.C. ADDRESS ADDRESS DATE TICKNER & Sono M. & ADDRESS DATE SEP 2 0 1966 Greatly or Town) (County) (Stote) ADDRESS DATE SEP 2 0 1966 Greatly ADDRESS DATE SEP 2 0 1966

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2194 be executed within 24 hours after death. and campletely filled in by the funeral remove carban papers. Pages I and in any event, within 72 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY o. STATE b. COUNTY Anne Arundel Maryland Anne Arundel MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)

Annapolis c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b 19 days Glen Burnie d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1004 Phillip Drive Anne Arundel General Hospital NOXIX YES 3. NAME OF 4. DATE please remove carban First Last Day Year DECEASED EKSTROM, Sr. James 19 66 20 (Type ar print) DEATH September 9. AGE (In years S. SEX B. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** last birthdoy) Months Days Hours WIDOWED DIVORCED Dec. 15. 1899 Male White 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (Caunty & State, or foreign cauntry) physician (during most of working life, even if retired) INDUSTRY DEXE USA Washington chauffer State of (Ret. Shipley Trans. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME requires that the death certifi Emma Freeborough John Ekstrom Mr. Carroll L. Ekstrom (Son) Ave. Glen 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) 212-10-6356 cremation, INTERVAL BETWEE 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). signed by the burial-transit p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AND DEATH GULMONARY EDEMA DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse be retained by the haspital ar attending as the has been TERMINAL UREMIA last. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? CERTIFICATION far use Health YES X NO this certificate 20o. ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) Hour o.m factory, street, office bldg., etc.) Not While at wark TO FUNERAL DIRECTOR: After , 1966 , ta Sept. 20, 19 66 that (1) 1966) last 2]. I certify that (I) (the baselost) attended the deceased from SEP+1 saw the deceased alive an Sept. 20 19 66, and that death accurred at M, fram causes and an the date stated above. 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. 9-21-66 DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S 34MOUNTAIN PASADENA. MD NAME (Type) LANKFORD JE directar, shauld 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (State) 23a. BURIAL, CREMATION, REMOVAL (Specify) Glen Haven Mem. Park Glen Burnie, Md. Sept. 24, 66 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Glen Gurnie. DATE Richard V. Singleton Md.

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ı	NAME OF First Middle DECEASED	Last 4.	DATE Month OF	Day Yeer
	(Type or print) Thomas P.	Finn, Sr.		21 1966
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	Male White WIDOWED DIVORCED DIVORCED 100. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR)	12-7-88	77 yrs.	
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1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL	DISEAȘE CONDITION GIVEN IN PART	1(e) 19. WAS AUTOPSY
	pneumonitis, bacterial			PERFORMED?
	206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH	D. (Enter neture of injury in Per	t I or Pert II of item 18.)	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)			
	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE While Not While fector	CE OF INJURY (Home, ferm, ory, street, office bldg., etc.)	20f. (City or town) (Cour	nty) (Stete)
1	p.m. 19 et work at work			
	21. I certify that (I) (This hospital) attended the deceased from	8/8/64 , 192	XX, to 9/2] , 19	hat (I) (we) la
	saw the deceased alive on 2/12/	death occurred at 8A.	M, from the causes and on th	e date stated above
	220. SIGNATURE	ATTENDING MED.	STAFF	22b. DATE SIGN
		D. PHYS. DIREC	TOR PHYS.	
	C. Carl 1976 M.			
	22c. PHYSICIAN'S NAME (Type) C. Earl Hill, M.D.	22d. ADDRESS	llwood Rd. Pasader	a, Md. 2112
100	22c. PHYSICIAN'S NAME (Type) C. Earl Hill, M.D. B. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	395 Ft. Sma	llwood Rd, Pasader	
	22c. PHYSICIAN'S NAME (Type) C. Earl Hill, M.D. a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	22d. ADDRESS 395 Ft. Sma	3d. LOCATION (City, town or county	
7	22c. PHYSICIAN'S NAME (Type) C. Earl Hill, M.D. 16. BURIAL, CREMATION, 23b. DATE THEREOF PROVAL (Specify) 9/24/66 Holy Redeen Address	22d. ADDRESS 395 Ft. Sma		(Stefe)

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12196 CERTIFICATE OF DEATH be executed within 24 hours after death physicion and completely filled in by the funeral nen pleose remove carbon papers. Pages 1 and oval, and in any event, within 72 hours after deaf 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COLINTY o. STATE b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Washington, D. C.
d. STREET ADDRESS Laurel 6 yrs. 4 mos d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street oddress) e. IS RESIDENCE ON A FARM? NO V Children's Center Hospital 1541 - 1st Street 3. NAME OF Middle 4. DATE Day Year DECEASED (Type or print) DEATH Fowler
B. DATE OF BIRTH Septembeer 26
AGE (In years | IFUNDER | YEAR Maureen S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Manths Days WIDOWED DIVORCED Female Negro
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? **INDUSTRY** requires that the death certificate LISA Institutionalized Austine Sylvia Brown 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, na, or unknown) (If yes give war ar dates of service) Children's Center Hospital, Laurel, Md. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchial p signed by the burial-transit p Onset and Death Bronchial pneumonia DUF TO Conditions, if any, which gave Hydrocephalus - severe Rirth rise to immediate couse (o), DUE TO stating the underlying couse TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Poge 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been as the (c) Mental retardation - severe 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES X NO T Į0 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Nat While at wark 21. I certify that (I) (this haspital) attended the deceased fram May 19, 1960, ta Sept. 26, 1966, that (I) (we) last saw the deceased alive an Sept. 26, 1966, and that death occurred at 12:20p Fram causes and an the date stated abave. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. MED. DIRECTOR X September 27, M.D. Children's Center Hospital, Laurel, Md. 22c. PHYSICIAN'S NAMEYTYPE JAMES E. BOYLAND, M. D. director, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF (County) (State) Md. Oct. 1, 1966 Children's Center Laurel. 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE ADDRESS VR A15 (4) 20 M 1/66 3 Charley

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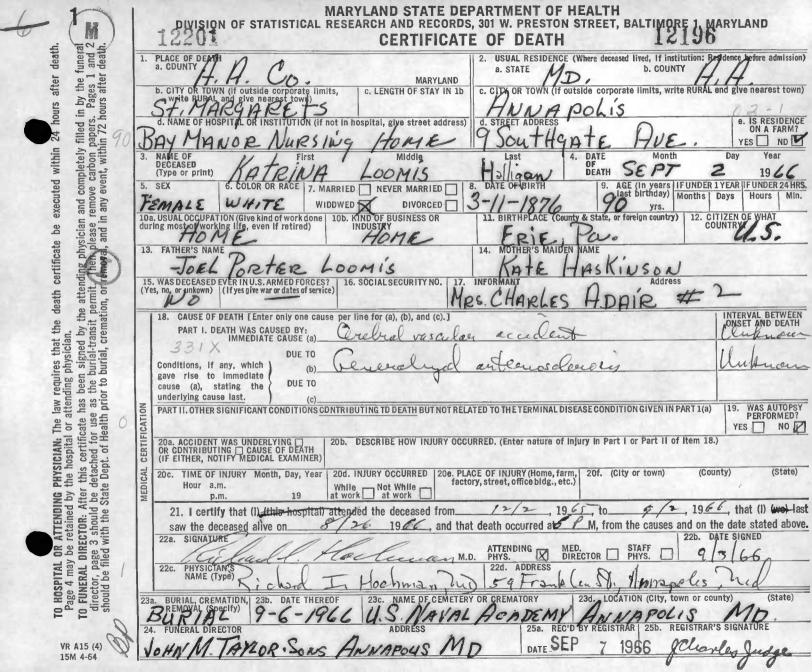
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY 3 to Page of death. MARYLAND deloy Deportment b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR autside corparate limits, write RURAL and give neorest town) puo 2, ond PM3. rise RURAL and give nearest tawn) after d. NAME DE-HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET, ADDRESS e. IS RESIDENCE Item 18. Give Poges 1, Office along with form hours ON A FARM? YES NO ate 24 hours ofter death. NAME OF Middle 4. DATE Month Day Year S DECEASED the within DEATH 19 (Type or print) with IF UNDER 1 YEAR 9. AGE (In years IF UNDER 24 HRS. COLOR OR RACI DATE OF BIRTH NEVER MARRIED birthday) Months Dovs Hours WIDOWED DIVORCED event C oud 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OF 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? in pencil in I Examiner's Kettred ostume Busine New 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pencil be executed within Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND INFORMANT (Yes, na/of unknawn) (If yes give war ar dates of service) Peroutka, 6208 Traymore A Chief Medicol pending permit. removal INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: 0 IMMEDIATE CAUSE (o) Word This certificate should cremation, DUE TO Conditions, if ony, which gave e certificate, writing the should be forwarded to rise ta immediate cause (a). DUE TO 0 stating the underlying couse lost. burial, 19. WAS AUTDPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO its designated ogent, prior to 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 should PRIMARY ar CONTRIBUTING CAUSE OF DEATH. MEDICAL 20c. TIME DF INJURY Manth. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, or town) (Caunty) (State) factory, street, affice bldg., etc/ Hour a.m. Nat While FUNERAL DIRECTOR: Poge ot work please execute 21. I certify that I taak charge of the remains described above, held an Autapsy Inquiry for Inspection / and in my apinian the funeral director. death resulted fram: Natural causes Suicide Homicide Undetermined manner retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY moy be DEPUTY MEDICAL EXAMINER Heolth or **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION. (County) (Stote) 5 0 REMOVAL (Specify) emeteru 2So. RECD BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15ME (5) Ruck, Inc. 5305 Harford Rd. 6M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 12195 12200 requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) dear 1. PLACE OF DEATH and completely filled in by the funeral remove carbon papers. Pages 1 and b. COUNTY o. COUNTY o. STATE b. CITY OR TOWN (If outside corporate limits, MARYLAND Marvland Anne Arundel c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b write RURAL and give nearest town) Millersville Davs Glen Bunrie e. IS RESIDENCE d. STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? YES NO Rt.#1 Box 188(Elvaton Rd. Hoso Arundel Gen. NAME OF Middle Lost 4. DATE Doy Yeor First DECEASED DEATH Sent (Type or print) HACKMAN CHARLES IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years S. SEX 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Days Hours eose remov White WIDOWED DIVORCED Male 1908 12. CITIZEN OF WHAT IDo. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? INDUSTRY during most of working life, even if retired) Raltimore, Md.

14. MOTHER'S MAIDEN NAME Self- Empolved USA Farmer 13. FATHER'S NAME Amelia Strobel the attending p John Hackman 17. INFORMANT 16 SOCIAL SECURITY NO WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, ne or unknown) (If yes pive war or dotes of service) (Wife) Same as permit. Mrs. Florence Hackman P one NTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). signed by the burial-tronsit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY Kingcardia IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse hos been the lost WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO TO FUNERAL DIRECTOR: After this certificate jo 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 2Do. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) (Stote) 2Dd. INJURY OCCURRED 2De PLACE OF INJURY (Home, form, 2Df. (City or town) 2Dc. TIME OF INJURY Month, Doy, Yeor foctory, street, office bldg., etc.) Hour o.m. While Not While ot work 1966 that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram be retained 1906, and that death occurred at 250P.M, fram causes and an the date stated above. saw the deceased alive an. - 27 22b. DATE SIGNED 220. SIGNATURE STAFF PHYS. ATTENDING DIRECTOR M.D. poge 22d. ADDRESS 22c. PHYSICIAN'S director, po should be f NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23b. DATE THEREOF 23o. BURIAL CREMATION REMOVAL (Specify)
Burial Glen Burnie, Maryland len Haven Mem. Park 30.66 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 1966 Richard V. Singleton Glen Burnie, Md. DATE

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BUISI A. A. Co. ST. MARGIARE TS HUNA POLIS BAY MANOR NURSING HOME - 9 SONTHARTE HUE. KATEINA LOOMIS H ON SEPT 2 FEMALE WAITE X 3-11-1876 90 HOME HOME ERIE, Par. U.S. Jost Porter Loonis Kate Haskinson Her CHARLES ADRIE WE de la company de BURIAL 9-6-1966 U.S. MAVAL ACADEMY ANKAPPOLIS MID JOHN M. TAPLOR-Some AND MODEL TO 1988 MY WHILE SOME

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12202 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. and campletely filled in by the funeral ang PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Anne Arundel Maryland MARYLAND Anne Arundel b. CITY OR TOWN (If autside carporate limits, write RURAL and give pearest town)

Annapolis c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b. Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within 72 917 Creek Drive 917 Creek Drive YES NO Y the attending physician and campletely fi sit permit. Then prease remave carban natian, ar remover and in any event, with 3. NAME OF Middle 4. DATE Last Month Doy Year DECEASED September 27 19 66 Hallock Trene (Type or print) Sarah DEATH 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED birthday) Months Hours Days White Sept. 9, Female WIDOWED 1898 10a. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or fareign country) **INDUSTRY** COUNTRY? Maryland 13. FATHER'S NAME MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give war ar dates of service) 1B. CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital ar attending physician. DUE TO Conditions, if any, which gave rise ta immediate cause (a), s certificate has been si thed far use as the b ept. af Health priar tab DUE TO stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RECATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) directar, page 3 shauld be detache should be filed with the State Dept. 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED (City ar tawn) (County) (State) Haur a.m. **Nat While** factory, street, affice bldg., etc.) at wark at work 21. I certify that (1) (that county) attended the deceased fram O FUNERAL DIRECTOR: 19 66, and that death occurred at 60 M, fram causes and an the date stated above. saw the deceased alive on 22a. SIGNATUR 22b. DATE SIGNED STAFF PHYS. 9/28/66 M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Albert L. Anderson, M.D. 44 Southgate Ave., Annapolis, Md. NAME OF CEMETERY OR CREMATORY (County) 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12204 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death physician and completely filled in by the funeral en please remave carban papers. Pages 1 a d PLACE OF DEATH
o. COUNTY USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) de b. COUNTY MARYLAND outside corporate limits, write RURAL and give nearest town b. CITY OR TOWN (If outside carparate limits, write RURAL and give pearest tawn) c. LENGTH OF STAY IN 1b d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO 3. NAME OF Middle Lost DATE First Doy Year DECEASED 19 66 DEATH (Type or print) IF UNDER 24 HRS. S. SEX DATE OF BIRTH AGE IF UNDER I YEAR 6. COLOR OR RACE (In/yeors NEVER MARRIED lost birthdoy) Months Hours Doys WIDOWED DIVORCED 11. BIRTHPLACE (County & Stote, or foreign country) 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) **INDUSTRY** COUNTRY? 13. FATHER'S NAME

Mak Carroll Co. Md. 14. MOTHER'S MAIDEN NAME Tyson C. Harrison Rachel Steffey 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dotes of service) 216-07-11221 Mrs. Fearn Harrison Finksburg. Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Zda Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been the lost. 9. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) YES NO Pop 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (County) factory, street, office bldg., etc.) Not While 19 ot work be retained by 21. I certify that (1) (this haspital) attended the deceased fram. , that (1) (we) last and that death accurred at 900 saw the deceased olive on. M, from couses and on the date stated above 22o. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. M.D. DIRECTOR PHYS ADDRESS 22c PHYSICIAN'S NAME (Type) ram Sor 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stote) 23o. BURIAL, CREMATION, BUTTA (Specify) 9/10/66 Finksburg Cemetery Finksburg, Md. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) DATSEP J. F. Eline & Sons Reisterstown Md. 20 M 1/66 1966

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ice alang with farm PM3. Page Tem 18. Give Pages 1, 2, and 3 to pages 1 and 2 with the State Department of Health or its designated agent, priar ta burial, crematian, ar remaval, and in any event within 72 haurs after death. haurs after death. This certificate shauld be executed within in penci necessary, please execute the certificate, writing the ward "pending" in penc the funeral directar. Page 4 should be farwarded ta the Chief Medical Examil TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File TO DEPUTY MENTAL EXAMINER: 5 may be retained far yaur files.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	7. A. CO.		O. STATE 45 D		
write RURAL	and give nearest town)	C. LENGTH OF STAY IN 1 D.O.A.			RAL and give nearest tawn)
	,		d. STREET ADDRESS	Shoreham Rd.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Sames,	Middle Dudley	Hazty	4. DATE Mant OF 9	h Day Year 27 19 66
S. SEX	1./		8. DATE OF BIRTH	9. AGE (In years last birthdoy) yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
during most of working	ng life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? U. S. A.
	VER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 577-01-6403	17. INFORMANT	Shore	ham Beach Rd. Maruland
PART I. Di 43 4 Conditions, if o	EATH WAS CAUSED BY: IMMEDIATE CAUSE (o). DUE TO ny, which gove (b).	Anndina de	sedse	3	ONSET AND DEATH
PART II. OTHER	SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT RELATE	D TO THE TERMINAL DISEASE CON	NDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
PRIMARY OF CAUSE OF DEATH	CONTRIBUTING	20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter noture of injury in	Part I or Port II of item 18.)	
Hour	o.m.	20d. INJURY OCCURRED 20 While Not While ot work ot work			(County) (Stote)
		auses , Accident ,	Suicide , Homicide CHIEF MEDICAL M.D. ASSISTANT MED DEPUTY MEDICA	☐, Undetermined m EXAMINER ☐ ICAL EXAMINER ☐ AL EXAMINER ☑	,
230. BURIAL, CREMA REMOVAL (Spec	ify) Sep. 30.	F 23c. NAME OF CEMETER 1966 Arlington	y OR CREMATORY National Cem.	23d. LOCATION (City or To	
24. EUNERAL DIREC	RESERVICE (Where decesed lived, il institution: Residence before admission) D. O. A. MARYLAND C. LENGTH OF STAY IN IB D. O. A. S. O. A. C. LENGTH OF STAY IN IB D. O. A. C. LENGTH OF STAY IN IB D. O. A. C. LENGTH OF STAY IN IB D. O. A. C. LENGTH OF STAY IN IB D. O. A. C. LENGTH OF STAY IN IB D. O. A. C. LENGTH OF STAY IN IB D. O. A. C. LENGTH OF STAY IN IB D. O. A. C. LENGTH OF STAY IN IB D. O. A. C. LENGTH OF STAY IN IB D. O. A. C. LENGTH OF STAY IN IB D. O. A. C. LENGTH OF STAY IN IB D. O. A. C. LENGTH OF STAY IN IB D. O. A. C. LENGTH OF STAY IN IB C. LENGTH OF STAY IN IB D. O. A. C. LENGTH OF STAY IN IB C. LENGTH OF STAY IN IB D. O. A. C. LENGTH OF STAY IN IB C. LENGTH OF STAY IN IB D. O. A. C. LENGTH OF STAY IN IB C. LENGTH OF STAY IN IB D. O. A. C. LENGTH OF STAY IN IB D. O. A. C. LENGTH OF STAY IN IB C. LENGTH OF STAY IN IB D. O. A. C. LENGTH OF STAY IN IB C. LENGTH OF STAY IN IB D. O. A. C. LENGTH OF STAY IN IB D. O. A. C. LENGTH OF STAY IN IB C. LENGTH OF STAY IN IB D. O. A. C. STAYLER C. LENGTH OF STAYLER C. STAYLER C. CLIP OR TOWN (II outside capporate limits, write RURAL and give nearest town) D. C. II OR TOWN (II outside capporate limits, write RURAL and give nearest town) C. STAYLER C.				

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HFALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) a. COUNTY director. Page or your files. and of Health, b. COUNTY Anne Arundel Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give naarest town) write RURAL and give nearest town) mapolis Riverdale d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Boar d. STREET ADDRESS e. IS RESIDENCE ON A FARM? State 6213 - 60th Place Anne Arundel General Hospital YES NO K NAME OF 4. DATE Month Day DECEASED (Type or print) ARTHUR HISE DEATH September 66 19 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 2 with last birthday) Months WIDOWED [Aug 22, 1888 Male White DIVORCED within 24 hours after 18. Give Pages 1, 2, a 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Office along with form PM3. Page done during most of working life, avan if retired) Retired Government USA New York pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Hise Louise Kopp 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. ENFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) Ruth Reisinger Rockville, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Crushing Chest Injuries IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (a), stating the underlying Medical Examiner should be used as cremation PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY CERTIFICATION forwarded to the Chief Medical E. DIRECTOR: Page 3 should be PERFORMED? YES NO 4 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury In Pert I or Pert II of item 18,) PRIMARY F or CONTRIBUTING CAUSE OF DEATH. Head on collision - Driver 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) Month, Dev. Yaar (County) (Steta) factory, street, office bldg., etc.) While Anne Arundel at work at work Md. 9/21 1966 Street 21. I certify that I took charge of the remains described above, held an Autopsy [X], Inspection Inquiry and in my opinion death resulted from: Natural causes Accident X Suicide . Homicide Undetermined manner CHIEF MEDICAL EXAMINER slease execute it should be forward by FUNERAL DII ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 9/21/66 Rudiger Breitenecker, M.D. NAME (Typa) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CHEMCARGE 226. BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) Hyattsville, Md. 240 g Sept 24, 1966 George Washington Burial ADDRESS 248. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME F. Gasch's Sons Hyattsville, Md. 5M 9/60

AND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. CQUNTY the 1 after Anne Arundel Anne Arundal MARYLAND by the Pages CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. City OR TDWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b hours 24 hours Millersville Gambrills = e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS filled ON A FARM? within ND _ YES Knollwood Nursing Home Rutland Rd letely within carbon NAME OF DATE Day Year Middle Last 4. Month First DECEASED event, DEATH compl (Type or print) 19 Summerville AGE (In years If UNDER 1 YEAR | IF UNDER 24 HRS. Honkins executed 6. COLOR OR RACE DATE OF BIRTH 9. attending physicien and cor imit. Then please remove 7. MARRIED NEVER MARRIED X last birthday) | Months | Days Hours white 81 DIVORCED female WIDOWED June 7.1885 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR COUNTRY? pe during most of working life, even if retired) INDUSTRY Public High School USA teacher Anne Arundel Co. Md certificate MOTHER'S MAIDEN NAME 13. FATHER'S NAME 14. Samuel Snowden Hopkins Elizabeth Linthicum 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes give war or dates of service) death transit permit cremation, or 217-48-4937-T Nancy P. Hopkins -sister same as #2 above no INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). that the ONSET AND DEATH been signed by the burial-transit or to burial, crema PART I, DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate DUE TO (a), stating prior underlying cause last SS certificate has WAS AUTOPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. for use PERFORMED? YES NO F DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Pert I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING of OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached Dept. MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) a Hour a.m. After Not While be Stat ATTENDING be retained by at work at work TO HOSPITATION PAGE 4 may be returned to FUNERAL DIRECTOR: A livector, page 3 should livector, filed with the attended the deceased D the 21. I certify that (I) (this hospital) and that death occurred at 501 M. from the causes and on the date stated above. saw the deceased alive DATE SIGNED 22a. SIGNATUR ATTENDING PHYS. DIRECTOR M.D. PHYSICIAN'S NAME (Type) 22d. ADDRESS 23d. LOCATION (City, town or county) (State) NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREOF 23a. REMOVAL (Specify) Stephens Ceme tery Millerwille Burial Sept. 30.1968 REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 2Beverie VELOR Hopping VR A15 (4) HOPPING FUNERAL HOME Annapolis 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12208 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death death and completely filled in by the funeral remove carbon papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTY b. COUNTY a. STATE Anne Arundel New York MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TDWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Hartsdale Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 88 Charlot Place Anne Arundel General Hospital YES NO T 3. NAME OF DECEASED Middle Lost 4. DATE Month Year 19 66 HOWE September 29 Miriam Adams (Type or print) DEATH S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** 8. DATE OF BIRTH 9. AGE (In years lost hirthdoy) Months Dovs Hours Female White Feb. 28, 1879 WIDOWED T DIVORCED 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during post of working life, even if retired) INDUSTRY OME MAKER COUNTRY S. Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME TCHFIELD WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor ar dotes of service) IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-tronsit IMMEDIATE CAUSE (a) DUE TO signed Canditions, if ony, which gove rise to immediate cause (a). DUF TO stoting the underlying cause Poge 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate hos been be detoched for use as the State Dept. of Health prior to last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While ot work at wark ____, ta_Sept. 29, 19 66, that (I) 200e) last 21. I certify that (I) NOGO (COM) attended the deceased fram saw the deceased alive an Sept. 29 1966, and that death accurred at M, fram causes and an the date stated above 12:15 PM 22o. SIGNATURE 22b. DATE SIGNED MED. M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 121 Cathedral St., Annapolis, Md. 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 1966 Charles

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATEL HEALTH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) delay 12 o. COUNTY a. STATE b. COUNTY Page of death. MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give neorest tawn) Departm after e. IS RESIDENCE ON A FARM? YES NO d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS hours Office olong with farm 1002 Park Place 00 1002 Park Place Item 18. Give Poges ote hours ofter death. 3. NAME OF DATE Melvin Middle Manth Day Yeor Hyser DECEASED the 1966 23 = (Type or print) DEATH MIN M 9. AGE (In years IF UNDER IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE DATE OF nst by hday) 7. MARRIED NEVER MARRIED Manths last Doys Haurs W WIDOWED DIVORCED ' eveln puo 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State autoreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? in any pending" in pencil in of Medical Exominer's Entertainment USA pencil 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME be executed within File and DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. ar unknown) (If yes give war or dates of service) removol CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN burial-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY 0 IMMEDIATE CAUSE (o) This certificate should writing the ward cremation, DHE TO brown aletales Conditions, if ony, which gove rise to immediate cause (a). DUE TO stating the underlying cause forwarded last. 00 buriol, nsed WAS AUTOPSY PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO V certificote, 2 pe 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) prior PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Manth, Day, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) Haur a.m. Nat White factory, street, office bldg., etc.) While FUNERAL DIRECTOR: Page at wark 21. I certify that I took charge of the remains described obove, held on Autopsy Inspection Inquiry and in my opinion Notural couses Homicide [death resulted from: Accident Suicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY 0 DEPUTY MEDICAL EXAMINER **EXAMINER'S** 9.13.66 Heolth Address (Street, city, town, or county) NAME (Type) 23c. NAME OF CEMEPERY OR CREMATIONY 23d. LOCATION (City or Town) (State) 23o. BURIAL CREMATION. DATE THEREO, 0 REMOVA 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR ATSME (5) DATE

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OR ATTENDING be retained by JIRECTOR: After ge 3 should be	21. I certify that (I) (this hospital) attended the deceased from 4/2/, 1964, to 9/2, 1965, and that death occurred at 1964, from the causes and on the deceased alive on 1965, and that death occurred at 1966.	
R AT RECT 3 SI With	22a. SIGNATURE 22b. D	ATE SIGNED
AL OI lay b page filed	22c, PHYSICIAN'S M.D. ATTENDING MED. DIRECTOR PHYS. 9	13/66
TO HOSPITAL OR ATTENI Page 4 may be retaine TO FUNERAL DIRECTOR: director, page 3 should should be filed with the	NAME (Type) Richard T. Hochman 700 59 Franklin Anna	polis hill
Page O Fu	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or col	
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission). a. STATE MID ny detay is 2, and 3 ta PM3. Page o. COUNTY b. COUNTY MARYLAND Department b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) write RURAL and give prest town SUMMERSET, ROOK -SeverN. 46 d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS Item 18. Give Pages 1, Office alang with form haurs ON A FARM? NORTH. ARUNDEL. BOX-193-A-R+3-24 hours after death. First Day Year within 72 DECEASED 17 MARG Kivo Tt (Type or print) DEATH S. SEX 6 COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF LINDER 1 YEAR IF LINDER 24 HRS NEVER MARRIED last birthday) Manths 10-27-00 WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during mast af warking life, even if retired) Housewife d "pending" in pencil in Chief Medical Examiner's 13. FATHER'S NAME be executed within 14. MOTHER'S MAIDEN NAME pup IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANI (Yes, na. ar unknown) (If yes give war ar dates of service remayal. 70-12-3237 18. CAUSE OF DEATH (Enter only one cause per ling for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH addice desers OL IMMEDIATE CAUSE (a) certificate shauld Ward cremation, DUF TO bullen Conditions, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying cause be farwarded 0.0 burial, 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO 20a. EXTERNAL CAUSE WAS prior 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City ar tawn) (County) (Stote) Haur a.m. factory, street, affice bldg., etc.) may be retained far yaur FUNERAL DIRECTOR: Page at wark at wark 21. I certify that I taak charge of the remains described above, held an Autapsy Inquiry | Inspection and in my apinion deoth resulted from Natural couses Accident ... Suicide . funeral director. Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL her buch 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE / TO DEPUTY 5 may be TO FUNERAL Health ar i DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, tawn, ar caunty) NAME (Type) the 23d. LOCATION (City or Town) BURIAL, CREMATION REMOVAL (Specify) 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR VR A15ME (5) Charles 1966 DATE

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY A.A. 00 o. STATE 2, and 3 to PM3. Page b. COUNTY o death. MARYLAND Department b. CITY OR TOWN (If outside corporate limits. c. LENGTH DF STAY IN 16 c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) vrite RURAL opd give nearest town) after 1+1777000C DURIVIC d. NAME DF HDSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Office alang with farm haurs 533 ate NOR IN. ARUNDEL NO 24 haurs after death. 3. NAME OF Middle DATE Month 5 72 Lost Doy Year DECEASED CRNANC 19 CC within (Type or print) DEATH S. SEX 6. COLOR OR RACE X B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED in Item 18. lost birthdoy) Months Doys Hours WIDDWED DIVORCED event 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, eyen if retired) INDUSTRY COUNTRY? Chief Medical Examiner's pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within e p 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (Yes, no, or, unknown) (If yes give wor or dotes of service) removal, 18. CAUSE OF DEATH (Enter only one couse pe INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH D ward 4344 certificate shauld crematian, DUF TO Conditions, if ony, which gove (b) rise to immediate couse (o), DUE TO stoting the underlying couse farwarded lost. burial, 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? ND YES the certificate, its designated agent, priar ta 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item IB.) shauld shauld PRIMARY Or CONTRIBUTING CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY DCCURRED 20e. PLACE DF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) While Not While FUNERAL DIRECTOR: Page ot work ot work please execute 21. I certify that I tack charge of the remains described above, held an Autapsy Inspection and in my apinian death resulted from Suicide Undetermined manner the funeral directar. Natural causes 🚩 Accident Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 0 DEPUTY MEDICAL EXAMINER **EXAMINER'S** may Health NAME (Type) Address (Street, city, town, or county) 23o. BURIAL CREMATION. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) 0 REMOVAL (Specify) 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME 6M 1/66

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			c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpo	rate limits, write	RURAL end give	nearesf fown)
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		SEX 6. COLOR OR RACE 7, MARRIED	NEVER MARRIED	KREIDER DATE OF BIRTH			IF UNDER 1 YEAR	
	F	FMALE WIDOWED	DIVORCED [Feb. 11.191	0	56 yrs.	Months Deys	Hours Min.
		. USUAL OCCUPATION (Give kind of work and during most of working life, even if retired)	O OF BUSINESS OR INDUSTR			oreign country)	12. CITIZEN C	F WHAT COUNTR
		Housewife Ou	in Home	Baltimore	. Marv	land	U.S.	A.
P	13.	FATHER'S NAME		14. MOTHER'S MAIDEN				
3		Max Votel		Frei	da Sin	qer		3.
	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SC s, no, or unkown) (Ifyesgivewarordetesofservice)	OCIAL SECURITY NO. 17.	INFORMANT		Address		
		0.1	ione 1	Mr. Harry E.	Kreid	er (Hus	band) S	ame as #
		1B. CAUSE OF DEATH [Enter only one ceuse per line	for (e), (b), and (c).]					TERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: PRIMA	RY BRONCHOE	ENIC CARCIA	VOMA		7	3 MONTH.
		7/ 3 / DUE TO						
		Conditions, if any, which 7 (b)						
		geve rise to immediate cause						
		(a), steting the underlying cause lest.						
	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTE	RIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE C	ONDITION GIVE	N IN PART 1(e) 1	19. WAS AUTOPS
0	ATIC	CORDNARY A	PRTERY DISE	ASE			16 300	PERFORMED?
	CERTIFICATION		LIBE HOW INJURY OCCURED		Pert I or Part II	of item 1B.)		
	MEDICAL			ACE OF INJURY (Home, farm tory, street, office bldg., etc		or town)	(County)	(Stete)
		21. I certify that (I) (this hospital) attended	d the deceased from	1958	19 to	196	6 19	that (I) (we) la
		saw the deceased alive on SEPT 1						ate stated abov
		arthur Lankford J.	. md "	A.D. PHYS.	MED. DIRECTOR	STAFF PHYS.		9-11-66 9-11-66
1		PHYSICIAN'S NAME (Type) ARTHUR LANKFORD, J	R., M. D.	22d. ADDRESS				
0	236	PEMOVAL (Specify)	23c. NAME OF CEMETERY Meadowridge			TION (City, tow	on or county)	(State)
K	24	FUNERAL PRECTOR'S SIGNATURE	ADDRESS				ISTRAR'S SIGNA	THARE
10		Singleton Funeral Home	- 4	ie, Md. DATE S		1966 8	Charles	Judge
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 24 hours after death. filled in by the funeral name papers. Pages 1 and within 72 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Anne Arundel MARYLAND Maryland Anne Arundel b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 write RURAL and give nearest town)
Annapolis RURAL - Severna Park 10 days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? Anne Arundel General Hospital Rt-2, Box-417 YES NOT within requires that the death certificate be executed within by the attending physician and completely fransit permit. Then please remove arban 3. NAME OF Middle 4 DATE First Doy Year DECEASED (Type or print) LANDON September 66 Newton 28 Fred and in any event, DEATH 19 9. AGE (In years IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours Male White WIDOWED IX DIVORCED Sept. 14, 1879 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stofe, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY Railroad Ohio Morral 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar removal Lymon Landon Olive Eager WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) 716-12-1541 Harry E. Landon-son same as #2 above no INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). signed by the burial-transit p PART I, DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse Page 4 may be retained by the hospital ar attending the has been lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO O FUNERAL DIRECTOR: After this certificate for 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year (County) Hour o.m. foctory, street, office bldg., etc.) While Not While ot work , 19____, ta__Sept. 28, 1966, that (I) (post) last at _____M, from causes and an the date stated abave. 2]. I certify that (1) (this to spirot) attended the deceased fram I we 1960 shauld saw the deceased alive ap Sept. 28 19 66, and that death accurred at 220. SIGNATURE 22b. DATE SIGNED STAFF **ATTENDING** 9/28/66 XX DIRECTOR M.D. PHYS. directar, page 3 shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Franklin St., Annapolis, Md. T. G. Osius, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (Stote) (County) Burial -removal Oct. 1.1966 West Side Cemetery Shamokin Dam Dam Snyder
25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR E. Hoppins 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 DATE OC 19\$6 HOPPING FUNERAL HOME Annapolis Mo.

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1	MARYLAND STATE D DIVISION OF STATISTICAL RESEARCH AND RECORD	EPARTMENT OF HEALTH S, 301 W. PRESTON STREET, BALTIMORE	1 MARYLAND
[M]	12215 CERTIFICAT		22111
should	1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If inst e. STATE b. COUNTY	
death.	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN	Md	AIA, CO,
	write RURAL end give neerest town)	HANDUEL	JKAL end give neerest town)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	IS RESIDENCE ON A FARM?
,	J-DR EST AVE, 3. NAME OF First Middle	POREST A DATE Month	YES NO Dev Yeer
	OF CEASED MORLE VH. LEATHE	DIMENTO OF DEATH GI	20 186
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF lgst birthdey)	UNDER 1 YEAR IF UNDER 24 HRS.
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	dop Guring most of working life, even if retired) B. + D. R. A.	Md	0.5.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	.49
	15. WAS DECLASED EVER IN U.S. ARMED HONCES? TO SOCIAL SECURITY NO. 17	IMFORMANT Address	0
	(Yes, no, or unkown) (If yes give wer or detes of service) 70507.2464	RUTH LEATHER	WOOD
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] / PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH
	DUE TO OR OR OR	(°)	
	Conditions, if eny, which geve rise to immediate cause (b)	Con -	ryer
	(e), steting the underlying DUE TO ZXEW SUB Meta	interes to liver	8. 200
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
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	Hour e.m. WhileNot_While	PLACE OF INJURY (Home, farm, fectory, street, office bldg., etc.)	(County) (State)
1	p.m. 19 et work et work 21. I certify that (I) (this hospital) attended the deceased fro	m	, 19 La, that (I) (we) la
	saw the deceased alive on	nat death occurred a 2.2 M, from the causes and	on the date stated above
	220. SIGNATURE	ATTENDING MED. STAFF	22b, DATE SIGNE
	22c. PHYSICIAN'S REPORT & BELLER	M.D. PHYS. DIRECTOR PHYS.	30/100
	1111111111	· lost of crew no 13 of 2	I-mek ,
	23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	RY OR CREMATORY 23d. LOCATION (City; lown	or county) (State)
P	24 EUNERAL DIRECTOR'S SIGNATURE 301 FADDRESS	25a. REC'D BY REGISTRAR 25b. REGIS	TRAR'S SIGNATURE
(Mac nabb 2/22x	DATE 001 3 1946 40	raves judge

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. PLACE OF DEATH/ 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND executed within 24 hours after vithin 72 hours after campletely filled in by the factories corbon papers. Pages c. LENGTH OF STAY IN 1b c. CITY OB OWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? (If nat in hospital, give street address) d. STREET ADDRESS YES NO. NAME OF remove corbon Middle 4. DATE Lost Doy DECEASED (Type or print) DEATH SEX AGE (In year IF UNDER 7. MARRIED **NEVER MARRIED** birthday) Manths Doys Haurs and in any WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work done (County & State, or fareign (ountry) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY pleose physician certificate 13. FATHER'S NAME or remayol, hen Address ## WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMAN requires that the death (Yes, na, or unknown) (If yes give wor or dotes of service INTERVAL BETWEEN OBSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line forth), (b), opd (c).) buriol-tronsit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) þ physicion. DUE TO signed buriol, Conditions, if ony, which gave rise to immediate couse (a), DUE TO stating the underlying cause TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Poge 4 moy be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate hos been prior to use as the WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION Health NO K o 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. (City ar tawn) (State) TIME OF INJURY Manth, Day, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (County) factory, street, affice bldg., etc.) Haur a.m Nat While 19 at work at work 21. I certify that (I) (this hespital) attended the deceased from and that death accurred at M, fram causes and an the date stated above saw the deceased alive an 220. SIGNATURE 22b. DATE SJENED ATTENDING M.D. DIRECTOR PHYS. director, poge should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Richard I. Hochman, M.D. Franklin St., Annapolis. 23c. NAME OF CEMETERY OR CREMATORY (State) BURIAL, CREMATION DATE THEREOF (County) 2Sb. REGISTRAR'S SIGNATURE 2Sa. RECD BY REGISTRAR VR A15 (4) 20 M 1/66

11857 B.H.Co. atousiA ST. PAR PARETS BAY MALLOR NHESHUG HOME MARIE M. LEDERHOS W 12.22-1878 87 HOME HOUSEWIFE BERHALLY TACOB M LEDERHOS MARIA SCHELL OFELIA L. MILLER # 2 Balente 9-10-66 Asbusy

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 OF DEATH requires that the death certificate be executed within 24 haurs after death attending physiciae and campletely filled in by the funeral permit. Then please hemave carbon papers. Pages 1 and on, ar removal, and on event, within 72 hours after dead 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH b. COUNTY o. COUNTY o. STATE Anne Arundel Maryland Anne Arundel MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 1h c. CITY OR TOWN (If gutside carparate limits, write RURAL and give nearest town) Shady Side 13 davs Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Anne Arundel General Hospital Avalon Shores NO K 3. NAME OF Middle 4. DATE Manth Last Doy Year DECEASED Eugene LEE 12 19 66 September (Type or print) DEATH IF UNDER 24 HRS. S. SEX 8. DATE OF BIRTH 9. AGE (In years I YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months Dovs Hours WIDOWED DIVORCED Male White June 6, 1904 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during mast af warking life, even if retired) COUNTRY? INDUSTRY Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Elizabeth Lee 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, or unknown) (If yes give war ar dotes af service 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH burial-transit Uremia IMMEDIATE CAUSE (a) DHF TO Conditions, if ony, which gave Waldenstroem's macroglobulinemia 4 years rise to immediate cause (a), DUE TO stating the underlying cause Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been as the WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) far use YES XX NO XX Anemia 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (State) 20d. INJURY OCCURRED (City or town) (Caunty) 20c. TIME OF INJURY Month, Day, Year Hour a.m. foctory, street, office bldg., etc.) Not While at wark 21. I certify that (I) (accepted) attended the deceased fram Sept. 2. 1966 , to Sept. 12 , 1966 , that (1) (1000) last shauld 1966, and that death accurred at M, from causes and an the date stated above. saw the deceased alive an Sept. 12 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. Sept. 12, 1966 M.D. PHYS DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Charles W. Kinzer, M.D. South RivMedCent., Edgewater, Md. directar, shauld 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF (State) 23g. BURIAL CREMATION. REMOVAL (Specify) woodfield 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24_FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Charley

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) and completely filled in by the funeral remove corbon popers. Pages 1 and n. COUNTY a. STATE b. COUNTY Anne Arundel Maryland Anne Arundel MARYLAND requires that the death certificate be executed within 24 hours ofter b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparote limits, write RURAL and give nearest tawn) RURAL - Edgewater Annapolis 9 davs e. IS RESIDENCE ON A FARM? YES NO d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS Rt-2. Box-85 Anne Arundel General Hospital 3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED LETTCH Edith September 21 19 66 (Type or print) DEATH S SFX 9. AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED JO B. DATE OF BIRTH NEVER MARRIED last birthday) Female White WIDOWFD DIVORCED Jan. 4. 1898 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTR warking lifeseven if retired) attending physicion permit. Then pleose cremotion, or removal, 16. SOCIAL SECURITY NO. INFORMANT permit. (Yes, no, ar unknown) (If yes give war ar dates af service) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: OCONARY THROMBOSIS IMMEDIATE CAUSE (a) þ signed t DUF TO ERTENSIVE CARDIO-VASCULAR DIS burio . Conditions, if ony, which gave rise to immediate couse (a), DUE TO stating the underlying couse as the last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) hos director, page 3 should be detached for use should be filed with the Stote Dept. of Heolth DIABETES MEllITUS NO V Poge 4 moy be retoined by the hospitol or O FUNERAL DIRECTOR: After this certificate 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn) (County) (State) 20c. TIME OF INJURY Manth, Day, Year Haur o.m. factory, street, office bldg., etc.) Nat While at wark at work , 1957, to Sept. 21, 19 66 that (I) (ve) last 21. I certify that (I) (this characteristic attended the deceased from APRIL saw the deceased alive on Sept. 21 1966, and that death occurred at M, from couses and on the date stated above 22a. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR PHYS. PHYS. 22d. ADDRESS 226 PHYSICIAN'S NAME (Type) Edward S. Beck. M.D. Franklin St., Anna olis 23C NAME OF DEMETERY OR CREMATORY (County) DATE THEREOF (Stote) 2Sa. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE

2000		MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	FOR STATE	12219 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12214
	HEALTH DEPT.	1. PLACE OF DEATH a. COUNTY b. COUNTY b. COUNTY c. STATE
	575 S 54	PINE FRUIDEL MARYLAND "STATE MARYLAND BANKE ARYNOEL
	cessary, may be partment er death.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) PUNAPOLIS c. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) PUNAPOLIS O 2
4	tep Step	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
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	any dela 2, and PM3. PM3. P h the Str	3. NAME DF First Middle Last 4. DATE Month Day Year
	If any I PM II PM III PM IIII PM III PM IIII PM III	(Type or print) UUTTV F. HEWNES DEATH SEPT 23 1966
	th.	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS WHITE WIDOWED DIVORCED OCT 23 1894 9 yrs.
	er deal	10a. USUAL OCCUPATION (Give kind of work done 1 10b. KIND OF RUSINESS OR 11 RIGHTHOLOGY (State or foreign country) 12 CITIZEN OF WHAT
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	ours aftern 18. Grand along pages 1 in any	PSTER LEUNES FRANCES KARAMBELAS
	14 ho Hice Office and	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Ray P. DES
	within 2 pencil in miner's (permit, removal,	(Yes, no, or unknown) (If yes give war or dates of service) 216-32-7401 FRANCIS J. LEUNES W. LAKE DR. Augus P. Me
	d with	18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), end (c).] PART I. DEATH WAS CAUSED BY:
	cute g" ir Exa ansit n, or	IMMEDIATE CAUSE (a) Chicama Chisens
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	ER: This cate, write forward 3 should agent, F	Hour e.m. While Not While factory, street, office bldg., etc.)
	MINE ortific d be d be age ated	p.m. 19 at work at work 21, I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion
	EXAMINEI the certific 4 should be ir files. CIOR: Page designated	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner
		ACTUAL CHIEF MEDICAL EXAMINER CASSISTANT MEDICAL CASSISTANT
	2000000	SIGNATURE DEPUTY MEDICAL EXAMINER X
	この・・・・マンナ	EXAMINER'S Address (Street, city, town, or county)
-	DEPUT please e director. retained O FUNER of Healti	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 5EPT 27 MILL ST. MARY 5 CEM. PNNAPOLIS MARYLAND
	- = 0	24. FUNERAL DIRECTOR ADDRESS ADDRESS
	VR AISME (5) 5M 1/65	JOHN M. TAYLOR · SONS ANNAPOLIS MD DATE SEP 28 1956 OPL-10

1 LANDE ARUVOEL MERYLAND ANTE ARGUDEL D.C.M. ALLIANESS AUN APPELIS A. A. GEN. HOSPT. D.D.A. PHANT OF GLONCE STEE ST. JOHN P LEWINES SEPT 25 66 MALE WHITE V DET 23 1894 7/ RET RESTAURATION RESTAURALT ARNA GREECE USA PETER LEUNES FRANCES KARAMBELAS 216-32-390/ Famers J Leveles W. LANE De Rigar Ma audin auni BURIAL SEPT 27, PUL ST. MARY'S CEM. BUNDADEIS MARKEAUD JOHE M. TAYLOR SOLVS ANYMOLIS MO



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death letely filled in by the funeral orbon papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN b. CITY OR TOWN (If autside carparate limits, otside carparate limits, write RURAL and give nearest town)* (If not in hospital, give street address) d STREET ADDRESS YES NO X NAME OF Middle DATE Doy Year DECEASED ANCIS OF DEATH 196 (Type or print) IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years IF LINDER 24 HRS last birthday) Manths Doys Hours WIDOWED DIVORCED rem physician ond 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or fareign country) COUNTRY? U. unch. 14. MOTHER'S MAIDEN NAME unknew 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) ((If yes give wor or dates of service) No 18. CAUSE OF DEATH (Enter only one cause per line for Ja (b), and (c).) INTERVAL BETWEEN burial-tronsit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) þ DUF TO signed b Conditions, if ony, which gave rise to immediate couse (a). DUE TO stating the underlying cause **TO HOSPITAL OR ATTENDING PHYSICIAN:** The low re Page 4 may be retained by the hospital or attending as the this certificate hos been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) for use CERTIFICATION Heolth YES [NO N 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (State) (County) Hour o.m. factory, street, office bldg., etc.) Nat While TO FUNERAL DIRECTOR: After pe 21. I certify that (1) (this haspital) attended the deceased from 9 19 66, and thou death occurred at 12:10 AM, from causes and on the date stated above. sow the deceosed alive on 220. SIGNALIERE 22b. DATE SIGNED ATTENDING PHYS DIRECTOR M.D. 22d. ADDRESS NAME (Type) director, should be 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) BURIAL 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 DATE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Anne Arundel Maryland Anne Arundel MARYLAND b. CLTY OR TOWN (if outside corporate limits, c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b I completely filled in by t ove carbon papers. Page y event, within 72 hours a write RURAL and give nearest town) enuchan d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES ND X 3. NAME DF First DATE Year Middle Last 4. Month Day DECEASED Rachel Mackall 19 66 September (Type or print) DEATH 30 executed AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX 6. CDLOR DR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months Davs any F. WIDOWED X DIVORCED physician and ph 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) = 10b. KIND OF BUSINESS OR IL BIRT MPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be COUNTRY FATHER'S NAME MOTHER'S MAIDEN NAME n signed by the attending ph burial-transit permit. Then burial, cremation, or remova 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which peen gave rise to Immediate as the prior to DUE TO cause (a), stating the underlying cause last. (c) WAS AUTDPSY CERTIFICATION 19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) r this certificate hadetached for use a te Dept. of Health p PERFORMED? YES | NO T PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING [DR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year (County) (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, Not While factory, street, office bldg., etc.) Hour a.m. After While at work at work p.m. retained 1966 to Sept. 30, 1966 that (I) (we) last DIRECTOR: A age 3 should led with the S should Aug. 9 21. I certify that (I) (this hospital) attended the deceased from_ 19.66 and that death occurred at 340 M. from the causes and on the date stated above. saw the deceased alive on Aug. 22b. DATE SIGNED 22a. SIGNATURE fo FUNERAL DIRE director, page 3 should be filed v ATTENDING STAFF PHYS. X 9/30/66 DIRECTOR M.D. PHYS. O HOSPITAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Ray M. Smith, M. D. Hahn Professional Bldg., Severna Pk., Md. 23d. LOCATION (City, town or county) BURIAL, CREMATION, REMOVAL (Soecify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR DAVE VR A15 (4) 20M 1/65

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	24 hours after death	and	1. PLACE DF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY
	aft	by the 1 Pages 1 Irs after	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest flown) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest flown)
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		y filled papers thin 72 h	d. NAME DF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS OLD County Residence ON A FARM? YES NO DA
	d within	completely ve carbon event, with	3. NAME DF DECEASED (Type or print) J. First Middle McGEAD 4. DATE Month Day Year OF DEATH G. DETTO MCGEAD 1966
	executed	and any	5. SEX 6. CDLDR DR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 1877 9. AGE (in years IFUNDER 14 HRS. last birthday) Months Days Hours Min.
		physician r please r	1Da. USUAL OCCUPATION (Give kind of work done during most of working life, eyen if retired) 1Db. KIND OF BUSINESS DR II. BIRTHPLACE (County & State, of foreign country) 1Db. KIND OF BUSINESS DR III. BIRTHPLACE (County & State, of foreign country) 1Db. KIND OF BUSINESS DR III. BIRTHPLACE (County & State, of foreign country) 1Db. KIND OF BUSINESS DR III. BIRTHPLACE (County & State, of foreign country) 1Db. KIND OF BUSINESS DR III. BIRTHPLACE (County & State, of foreign country) 1Db. KIND OF BUSINESS DR III. BIRTHPLACE (County & State, of foreign country) 1Db. KIND OF BUSINESS DR III. BIRTHPLACE (County & State, of foreign country) 1Db. KIND OF BUSINESS DR III. BIRTHPLACE (County & State, of foreign country) 1Db. KIND OF BUSINESS DR III. BIRTHPLACE (County & State, of foreign country) 1Db. KIND OF BUSINESS DR III. BIRTHPLACE (County & State, of foreign country) 1Db. KIND OF BUSINESS DR III. BIRTHPLACE (County & State, of foreign country) 1Db. KIND OF BUSINESS DR III. BIRTHPLACE (County & State, of foreign country) 1Db. KIND OF BUSINESS DR III. BIRTHPLACE (County & State, of foreign country) 1Db. KIND OF BUSINESS DR III. BIRTHPLACE (County & State, of foreign country) 1Db. KIND OF BUSINESS DR III. BIRTHPLACE (County & State, of foreign country) 1Db. KIND OF BUSINESS DR III. BIRTHPLACE (County & State, of foreign country) 1Db. KIND OF BUSINESS DR III. BIRTHPLACE (County & State, of foreign country) 1Db. KIND OF BUSINESS DR III. BIRTHPLACE (County & State, of foreign country)
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	death certificate be	nit.	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY ND. 17. INFORMANT EAMONN Me GEADY— REPRESENTATION OF THE PROPERTY OF THE PROPER
		d by the a ransit per cremation,	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
	nat t	Ltransi	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary of Clusion ONSET AND DEATH acute
	OR ATTENDING PHYSICIAN: The law requires that the be retained by the hospital or attending physician.	been signed I the burial-trai r to burial, cr	Conditions, If any, which gave rise to Immediate cause (a), stating the DUE TO DUE TO Conditions, If any, which (b) Hypertensive Cardiovascular disease 10 yrs DUE TO
	law atten	has be as th prior	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	The or a	ificate h for use Health p	PERFORMED? YES NOVER
	PHYSICIAN: the hospital	this certificate has etached for use as Dept. of Health pri	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) By Contributing 20b. Describe How Injury Occurred. (Enter nature of injury in Part I or Part II of Item 18.)
	NG PHY:	After this be detac	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
	ATTENDING retained by	R. A	21. I certify that (I) (this hospital) attended the deceased from Aug., 1958, to Sept., 1966, that (I) (we) last
	ATT reta	S Show	saw the deceased alive on Sept. 9. 1966, and that death occurred at 3A M, from the causes and on the date stated above.
	OR v	DIR led	ATTENDING MED. STAFF
	TO HOSPITAL O	TO FUNERAL DIRECTOR: After director, page 3 should be dishould be filed with the State	22c. PHYSICIAN'S Sept 11,1960 NAME (Type) Francis I. Codd M.D. 22d. ADDRESS Severna Park, Md.
	TO HC Page	direct shou	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
		K	24/ FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE
		1/65	Tobert S. BARRANEO - Tha. DATE SEP 13 1966 gcharles Judge

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. death filled in by the funeral papers. Pages I and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY Anne Arundel Maryland MARYLAND Anne Arundel b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) Glen Burnie Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within 72 Anne Arundel General Hospital 100 Old Annapolis Blvd, YES NO 3. NAME OF Lost 4 DATE Dov Year DECEASED (Type or print) Grover Cleveland MORGAN DEATH September IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B. DATE OF BIRTH AGE (In years IF UNDER 24 HRS. lost birthdoy)
82 yrs. Months Doys Hours July 22, 1884 WIDOWED DIVORCED Male White 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during roost of working/fue, even if retired) INDUSTRY COUNTRY? Maryland 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. -INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service 0 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH Caroline Anne IMMEDIATE CAUSE (o) _ DUE TO My condial Infuntion Conditions, if ony, which gove rise to immediate couse (o), DUE TO stating the underlying couse Page 4 may be retained by the hospital or attending Arterioscloratic cardiouscela Dislose lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) has YES X NO O FUNERAL DIRECTOR: After this certificate Id 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While of wark ot work 21. I certify that (1) (this has nited) attended the deceased from. 19 (4), to Sept. 21, 19 66 that (I) (WE) last M, rom causes and an the date stated abave. saw the deceased alive an Sept. 21 19.66, and that death occurred at 22o. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF PHYS. ATTENDING Beleast September 22/66 M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 121 Cathedral St., Annapolis, Md. Robert Biern 23d. LOCATION (City or Town) 23a BURIAL CREMATION 23b. DATE THEREO 23c. NAME OF CEMETERY OR EREMATORY REMOVAL (Specify) 24. FUNKRAL DIRECTOR 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 1966

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #9 File #FIRE OF DEATH law requires that the death certificate be executed within 24 hours after death and completely filled in by the funeral remove corbon papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY a. STATE b. COUNTY Anne Arundel Maryland MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Baltimore 7 davs d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? event, within 72 428 Castle Street Crownsville State Hospital NO X YES NAME OF Middle First Last 4. DATE Month Day Year DECEASED 9 8 66 William Myers 19 (Type or print) #33177 DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. DATE OF BIRTH 9. AGE (In years S. SFX 6. COLOR OR RACE NEVER MARRIED 7. MARRIED birthday) Manths Days Haurs 6/16/1903 SED DIVORCED Male White 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT g physician a Then please mover and in during most of working life, even if retired)
Sea Merchant INDUSTRY convers 3 Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harriet William Myers WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, na, or unknawn) (If yes give war or dotes of service) Hospital Records 215-03-6095 IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the buriol-tronsit p ONSET AND DEATH Bronchopneumonia IMMEDIATE CAUSE (a) DUE TO buriol, Arteriosclerotic Heart Disease Conditions, if ony, which gave rise ta immediate cause (a), DUE TO stating the underlying couse **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law re Poge 4 moy be retained by the hospital or attending as the prior to TO FUNERAL DIRECTOR: After this certificate hos been Inanition. Chronic Alcoholism last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICATION detached for use te Dept. of Health Chronic Brain Syndrome NO YES [20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, form, (City ar tawn) (County) (State) 20d. INJURY OCCURRED TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Not While Hour a.m. ot wark 166 , that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. , 19 66 , to 9/8 9/8/- 19 66, and that death accurred at 2:15 M, fram causes and an the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE MED. DIRECTOR 9/8/66 M.D. PHYS. PHYS. director, poge should be filed 22d. ADDRESS 22c. PHYSICIAN'S M.D. Crownsville, Maryland NAME (Type) Benedict. 230 BURIAL, CREMATION, REMOVAL (Specify) NAME OF CEMETERY OR CREMATORY 23d LOCATION (Gty or Town) (County) (State) DATE THEREOF Semour 2So. REC'D BY 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Them 3 Film G381 10/20/66 mh

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1222 HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) 2, and 3 to PM3. Page o. COUNTY o STATE b. COUNTY AA.CO af after death MARYLAND Deportment b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) SeVERN NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? farm hours Imont-Station ARUNDEL YES NO D 24 hours after death. Item 18. Give Page Office olong with fa NAME OF Middle 4 DATE Year / 966 within 72 DECEASED OF DEATH the J. CODENBECK Sept. 2. 15 665 Type or print with AGE (In years IF UNDER 24 HRS 7. MARRIED DATE OF BIRTH NEVER MARRIED lost birthdoy) Months Dovs Hours WIDOWED event 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Ohio the Chief Medicol Examiner's 13. FATHER'S NAME pencil 14. MOTHER'S MAIDEN NAME be executed within Julius Odenbeck Catherine Shumaker 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) removal Mrs. Mary H. Odenbeck, same as 2 Yes INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) buriol-transit DISET AND DEATH PART I. DEATH WAS CAUSED BY burial, cremotian, or IMMEDIATE CAUSE (o) This certificate should DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? NO V the certificate, its designoted agent, prior to 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While of work ot work 21. I certify that I took charge of the remains described above, held an Autapsy Inspection Inquiry F and in my opinion Natural couses Suicide death resulted from Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY Health or i DEPUTY MEDICAL EXAMINER **EXAMINER'S** 9.2.66. NAME (Type) Address (Street, city, town, or county) BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 50 REMOVAL (Specify)
Burial 6 Sept. 66 Howard Co. Md. Meadowridge Memorial REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15ME Kirkley Funeral Home, Glen Burnie, Md. 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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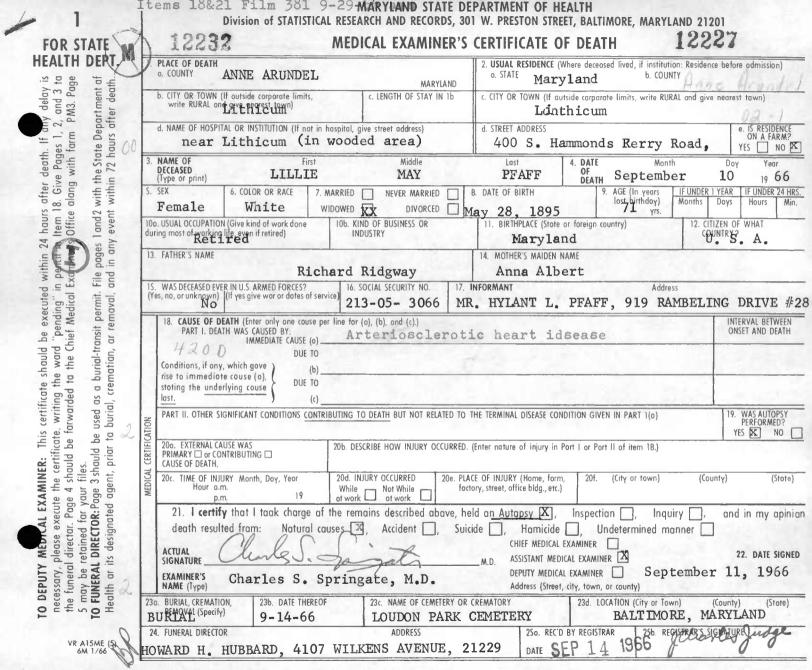
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Division of STA	MARYLAND STATE TISTICAL RESEARCH AND RECORDS,	DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BAL	TIMORE, MARYLAND 2120	01
M) 12230	MEDICAL EXAMINER	S CERTIFICATE OF DEA	тн 1222	25
1. PLACE OF DEATH 0. COUNTY ANNE AR	UNDEL MARYLAND	2. USUAL RESIDENCE (Where dece	osed lived, if institution: Residence and b. COUNTY	before odmission)
b. CITY OR TOWN (If outside corporate write RURAL and give necrest town) Gambrills d. NAME OF HOSPITAL OR INSTITUTION Gambrills 3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE Female Negro IDO. USUAL OCCUPATION (Give kind of work of durch of most of working kite given if retired)	limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corpo	rote limits, write RURAL and give r $11s$	recrest town)
d. NAME OF HOSPITAL OR INSTITUTION Gambrills	(If not in hospitol, give street oddress)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM? YES NO
3 NAME OF	First Middle arah	Oliver 4. DATE OF DEAT	0	Doy Year 6 19 6 6
S. SEX 6. COLOR OR RACE Female Negro	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8 /11/1904	9. AGE (In yeors last bildoy) Months I	VEAR IF UNDER 24 HRS. Doys Hours Min.
1Do. USUAL OCCUPATION (Give kind of work of during most of working life, even if retired)	done 10b. KIND OF BUSINESS OR INDUSTRY	11 BIRTH LACE (Stote or foreign		ZEN OF WHAT
13) FATHER'S NAME	owens	14. MOTHER'S MAIDEN NAME .	e Ower	us
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(Yes, no, or unknown) (If yes give wor or do 18. CAUSE OF DEATH (Enter only on PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE OF DEATH (Enter only on PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE OF DEATH (Enter only on PART II. OTHER SIGNIFICANT CONDITION PART II. OTHER SIGNIFICANT CONDITION PART II. OTHER SIGNIFICANT CONDITION CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Ye Hour o.m. Paknow	2. 1 1 6 1	est		INTERVAL BETWEEN ONSET AND DEATH
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21. I certify that I taok ch	norge of the remoins described obove	CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAM	INER X	ond in my opinion 22. DATE SIGNED
WAITE (Type)	S. Springate, M.D.	DEPUTY MEDICAL EXAMINI Address (Street, city, tow	n, or county)	er 7, 1966
BMOVAL (Specify) 9-1	THE THEREOF 23c. NAME OF CEMETERY	memorial L	ambrill	Eounty) (Stote)
24. FUNERAL DIRECTOR	ADDRESS	250. REC'D BY REGIS	3 1966 ACCOUNT	

ASSISTANCE - MATURITATION OF THE PROPERTY OF T .

DIVISION OF STATISTICAL RESEARCH AN W. PRESTON STREET, BALTIMORE 1, MARYLAND DEATH OF pluods PLACE OF DEATH USUAL RESIDENCE (Where dacassed lived, If institution: Residence before edmission) hours a. COUNTY b. COUNTY by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporate limits, þ c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Pages write RURAL and give neerest town) 7-61-10 .5 d. STREET ADDRESS filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address . IS RESIDENCE ON A FARM? completely YES NO D 3. NAME OF 4. DATE Month Yaar DECEASED OF (Type or print) DEATH pou with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS pue DATE OF BIRTH AGE (In years car last birthday) Months Days nas WIDOWED 7 DIVORCED physician remove 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY BIRTHPLACE (County & State, or toreign country) done during most of working life, even if ratired please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addrass (Yas, no, or unkown) | (Ifves give wer or dates of sarvica) 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: cremation IMMEDIATE CAUSE (a) -transit DUE TO affending Conditions, if any, which burial gava rise to immediate causa **DUE TO** (a), stating the undarlying the causa last. certificate hospital PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY 98 0 CERTIFICATION PERFORMED? use prior NO T for 20a. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of itam 18.) OR CONTRIBUTING | CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) After ATTENDING 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED I 2De. PLACE OF INJURY (Home, farm, ' 2Df. (City or town) (County) (State) retained ŏ factory, streat, offica bldg., atc.) Hour a.m. While Not While DIRECTOR: Dept. at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from. 1906 that (1) (we) last bluods State19. O.E., and that death occurred at 5 th. M, from the causes and on the date stated above. saw the deceased alive on. тау 228 SIGNATURE 22b. DATE ATTENDING SIGNED MED HOSPITAL FUNERAL sculare PHYS. DIRECTOR PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS rector, I NAME (Typa) 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) S & S REMOVAL (Spacify) 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR VR A15 (4) P. DATE S 20M 5-63

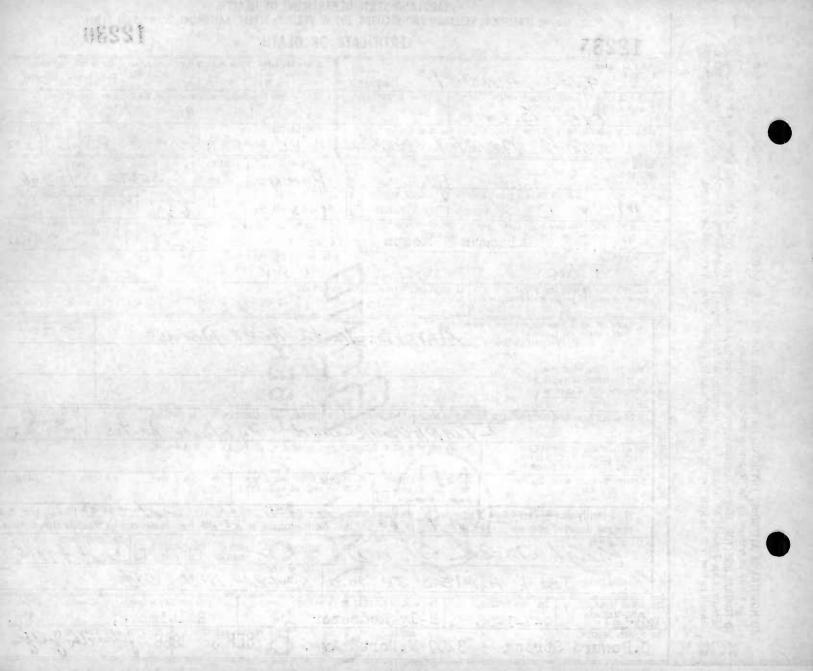


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1			15. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unkgwn) (If yes give war, or dates of service)
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	phys sign suria suria	-	Conditions, If any, which the bester from
	D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificat Page 4 may be retained by the hospital or attending physician. FUNERAL DIRECTOR: After this certificate has been signed by the attending phy director, page 3 should be detached for use as the burial-transit permit. Then phould be filed with the State Dept. of Health prior to burial, cremation, or removal;		gave rise to immediate cause (a), stating the underlying cause last.
	taw atten has has se as h pric	201	
	icate or us	FICA	PERFORMEO? YES NO
	Page 4 may be retained by the hospital or attending Page 4 may be retained by the hospital or attending for EUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	CERTIFICATION	
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	TEN taine OR: houl		21./I certify that (I) (this hospital) attended the deceased from 8/29/6/19, to 9/2, 19/6, that (I) (we) last sain the deceased alive on 9/10/19, and that death occurred at 3/4 M, from the causes and on the date stated above.
	OR ATTENDING be retained by JIRECTOR: After ge 3 should be ed with the Staf		22b. DATE SIGNED
	ral d may t AL DI page e file		ATTENOING MEO. STAFF 9/2/66 224 PHYSICIAN'S NAME (FYPE) T B R PAIR RESTORED AND ROLLIS RY BALLTIME 27
	HOSPITAL age 4 may FUNERAL rector, pa		1672 NORTH BOURNE RD Ballimmis
	Pag Pag FO Ft dire	2	3a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
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18	MARYLAND STATE DEPARTMENT OF HEALTH
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12234 CERTIFICATE OF DEATH 1223
M	1. PLACE OF DEATH a. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution Residence before edmission as STATE Manyland b. COUNTY
r deat	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (it outside corporate limits, write RURAL and give neerest town)
ours afte	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM VES NO IS NO IS
	3. NAME OF DECEASED (Type or print) Last 4. DATE Month Dey Yeer OF DEATH 9 26 1966
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED 7. MARRIED NEVER MARRIED NE
	10a, USDA) OCCUPATION (Give kind of work done defined many of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTY AND
(1	Starter Forter Land Homes
To a contract of the contract	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unknown) (Hyangiye were or date of partice) 216-05-5060 Address 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), (c), (c), (c), (c), (c), (c), (c),
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) We have the complete cause and death cause (c).
	Conditions, if any, which payer rise to immediate cause (b) 9 to purious Conditions, if any which
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0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED NO
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
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	226. SIGNATURE M.D. ATTENDING MED. STAFF SIGN STAFF STAFF SIGN STAFF SIGN STAFF ST
De l	22c. PHYSICIAN'S NAME (Type) A T A CIETY 22d. ADDRESS CHEMOS W
2	238. BURIAL, CREMATION, 23b. DATE THEREOF 238: NAME OF CEMETERY OR CREMATORY 23d. (OCATION (City, town or county) (Stote)
5 (4)	24 PUNERAY DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS DATE OF ALL DATE P 27 1966 ACTION SURVEY JUNGS

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH and 2 requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) . PLACE OF DEATH completely filled in by the funeral ove carban papers. Pages 1 and b. COUNTY a. COUNTY a. STATE BALTIMORE MARYLAND b. CITY OR TOWN (If autside carparate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give negrest tawy MORE e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) NORTHBOURNE NO SA DATE 3. NAME OF Middle Last Year First Day DECEASED RAMIREZ SEPT 1966 DEATH (Type ar print) 9. AGE (In years last birthday) 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACI Manths Days Haurs 4-13-03 WIDOWED DIVORCED 63 yrs. 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR during mast of working life, even if retired lesman COUNTRY? CUBA CUBA physician nen pleas ANTIAGO DE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remaya ORGE 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Balt, nure /2 16. SOCIAL SECURITY NO (Yes, na, ar unknown) (If yes give war ar dates of service) 1672 North Born cremation, INTERVAL 8ETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (g), (b), and (c).) signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: BIERIOSCIPROTIC IMMEDIATE CAUSE (a) DUE TO burial, a Canditians, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause as the prior ta FUNERAL DIRECTOR: After this certificate has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICATION detached far use te Dept. af Health NO Z 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER 20f. (City ar tawn) (County) (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Haur a.m. Nat While at wark at wark 21. 1 certify that (1) (this hospital) attended the deceased from AVG 29, 1966, ta 4. 19 66, that (I) (we) last directar, page 3 shauld shauld be filed with the be retained sept 4 19 66, and that death occurred at 830 PM, from causes and an the date stated above. saw the deceased alive an. 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. **ATTENDING** MED. DIRECTOR PHYS 22d. ADDRESS PHYSICIAN'S SEVERNA NAME (Type) JOSED, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Caunty) (State) BURIAL, CREMATION, REMOVAL (Specify) Holy Redeemer Baltimore Md. 9-7-1966 0 REGISTAR'S SIGNATURE **ADDRESS** 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR W. North Ave. VR A15 (4) G. Howard Strong DATE 20 M 1/66



Wm. Lee & S ns F. H. 3004th NE, Wash

VR A15 (4) 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death. 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission 1. PLACE OF DEATH o. STATE b COLINTY o COLINTY Maryland Anne Arundel MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b Ferndale Crownsville 5 days
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) 5 days d. STREET ADDRESS e. IS RESIDENCE ON A FARM? physician and completely filled in each please remove carbon papers. remove carbon papers. Crownsville State Hospital 8 Oakleyn Ave. YES NO X Middle 4. DATE 3. NAME OF First Lost Month Doy Year DECEASED (Type or print) #33198 Rose 8 1966 Hadley DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost hirthdoy) Months Dovs Hours 10/29/1905 White WIDOWED DIVORCED Male 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 1Do. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired) INDUSTRY Virginia Coal Miner 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Nathaniel Rose Margaret Address 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 17. INFORMANT Hospital Records Unknown Unk. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH ronsit Bronchopneumoniah nambosia IMMEDIATE CAUSE (o). DUF TO Arteriosclerosis buriol Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate hos been Hypertensive PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Cardio Vascular Disease, Uremia, Chronic Brain Syndrome NO X be retoined by the haspitol or TO HOSPITAL OR ATTENDING PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 2Df. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While ot work 9/8/ , 19**88**, that (I) (we) last , 19 66, to 21. I certify that (I) (this hospital) attended the deceased from 9/3/ 9/8/ 1966, and that death occurred at 4:15M, fram couses and an the date stoted above. director, page 3 should should be filed with the saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE MED. DIRECTOR **ATTENDING** 9/8/66 M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Poge 4 moy Benedict, M.D NAME (Type) L. 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) AKEVIEW MEM'L BALTIMORE SEPT. 10.66 PARK 1986 REGISTRARS SHENATURE 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) Q 20 M 1/66 GLEN BURNIE. MD. DATE R.V. SINGLETON

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12238 CERTIFICATE OF DEATH equires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY Anne Arundel Maryland Anne Arundel MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) 43 Yrs. Odenton Odenton d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS Box 299 Old Telegraph Road Old Telegraph Rd. (Rt. NO X 3. NAME OF DECEASED Middle Lost 4. DATE Year ROSE September WILLIAM T. C. 66 (Type or print) DEATH 9. AGE (In years last birthday) S SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Hours White WIDOWED X Dune 3, 1882 Male DIVORCED 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Fireman (Ret COUNTRY? INDUSTRY Fire Dept. Baltimore. Co. Md. Balto. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Christopher Annie Thomas Rose 17. INFORMANT Address Old Telegraph IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) I(If yes give war or dates of service) Mr. J. Edward Rose (Son) Rd. Rt.1 Box303 None INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: (o), (b), opd (c). signed by the burial-transit IMMEDIATE CAUSE (o' DUF TO Conditions, if ony, which gove rise to immediate cause (a), DUF TO stoting the underlying couse the WAS AUTOPS)
PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION 20₀. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, factory, street, office bidg., etc.) (City or town) (County) 20c. TIME OF INJURY Month, Day, Year No While 21. I certify that (1) (this hespital) attended the deseased from and that death accurred from causes and an the date stated abave. aw the deceased alive 200 SIGNATURE PHYS. LAP WINES O FUNERAL NAME (Type) directar, should 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) Sept. 30/66 Nichols Bethel Cemetery Odenton, Maryland 25b. REGISTRAR'S SIGNATURE 25g. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Charles DATE SEP Richard V. Singleton Glen Burnie, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. completely filled in by the funeral love corban papers. Pages 1 and 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH b. COUNTY a. COUNTY o. STATE Anne Arundel Anne Arundel Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest tawn) write RURAL and give neorest tawn) Lothian 3 days Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS ony event, within 72 Patuxent Mobile Estates NO A Anne Arundel General Hospital 3. NAME OF Middle 4. DATE remove corban First Day Year DECEASED 16 66 RUPP September 5 19 DEATH (Type or print) Ray IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthday) Doys Hours Oct. 6, 1880 WIDOWED XX DIVORCED Male White Helding and 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during wost of working life, even if retired) MATTEH TWOUSTR New York 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME cremation, or removal ATTINGALE HREDERICK. IS. WAS DEFEASED EVER IN U.S. ARMED FORCES? (Yes, navor/unknawn) (If yes give war ar dotes af service) PLUMB ST. 705 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), buriol-transit PART I. DEATH WAS CAUSED BY signed by IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician. DUE TO buriol, Canditions, if any, which gove rise ta immediate cause (a), DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been for use as the priorto lost. 19. WAS AUTOPS' PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED? CERTIFICATION with the Stote Dept. of Heolth NO 205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (Caunty) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Manth, Doy, Year foctory, street, office bldg., etc.) Hour a.m. Nat While Sept. 16 , 1966 , that (1) (306) last . 19 21. I certify that (1) (this best tot) attended the deceased fram M, fram causes and an the date stated above saw the deceased alive an Sent. 16 19 66, and that death accurred at_ 7:50 AM 220. SIGNATURE 22b. DATE SIGNED DIRECTOR PHYS. director, poge should be filed 22d. ADDRESS 22d PHYSICIAN'S Franklin St., Annapolis, Md. NAME (Type) Hochman, M.D. Richard 23th LOCATION (City or Tawn) 236 NAME OF CEMETERY OR CREMATORY (County) (State) 230. BURIAL CREMATION 23b. DATE THEREOF OLUMBIA LINGTON 2So. REC'D BY REGISTRAR AC 20012

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12240 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH b COUNTY ath o. COUNTY M. N. CO ay is 3 ta Page MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, PM3. F write RURAL and give nearest town) d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? d STREET ADDRESS haurs Office alang with farm M. - ANNE. ARUNdel. gew. YES Give Pages e State 72 have 3. NAME OF DATE Month Doy Year OF DEATH DECEASED 66 20 19 within (Type or print) 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED wirthdoy) Months 7-31.4 W. WIDOWED DIVORCED in Item 1 12. CITIZEN OF WHAT. 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) dny 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME _ 16. SOCIAL SECURITY NO INFORMAN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? permit. (Yes, no for prokgown) (If yes give wor or dotes of service remayal INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY 10 IMMEDIATE CAUSE (o) shauld Ward crematian, DUE TO Conditions, if ony, which gove rise to immediate couse (a) DUE TO stoting the underlying couse used as burial, c lost. WAS AUTOPS)
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MARYLAND STATE DEPARTMENT O DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Residence before admission) 2. USUAL RESIDENCE (Where deceased lived, If institution: b. COUNTY HOWARD c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? NO X YES Month Day Year SEPTEMBER 30 19 66 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) Months Hours | Min. 12. CITIZEN OF WHAT

11. BIRTHPLACE (County & State, or foreign country) Howard County, Maryland

Address Mrs. Iva Lee Schmeltz, Jessup, Maryland

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INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY

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DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)

20f. (City or town) (County)

.19.66, and that death occurred a 9:05 M, from the causes and on the date stated above. 22b. DATE SIGNED

30 Sept 66

KIMBROUGH ARMY HOSP.FT GEO G MEADE.MD 23d. LOCATION (City, town on county) (State)

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Pages 1 MARYLAND CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town) c. CITY-OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b oon papers. Pag within 72 hours E filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS DN A FARM? YES NO etely completely we carbon 3. NAME DE First Middle DATE Month Last Oay DECEASED (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) | Months | Hours Days WIDOWED DIVORCED physician please r 10a. USUAL OCCUPATION (Give kind of work done during most of working life, eyeh if retired) INDUSTRY 11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT JUEWEL certificate removal, 14. MOTHER'S MAIDEN NAME ed by the attending paransit permit. Then, cremation, or remova 15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) been signed by the the burial-transit ior to burial, cremat 18. CAUSE DF DEATH [Enter only one cause per line for ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate DUE TD cause (a), stating the underlying cause last. has CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY 19. for use Health PERFORMED? certificate the hospital or YES X ND 2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part II of Item 18.) detached f te Dept. of I DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (State) (County) factory, street, office bldg., etc.) Hour a.m. While Not While After retained by at work at work 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should filed with the that (I) (we) last saw the deceased alive on 19 and that death occurred at M, from the causes and on the date stated above. SIGNATURE 22b. DATE SIGNED 4 may be page ATTENDING MED. DIRECTOR FUNERAL PHYSICIAN'S director, p NAME (Type) saltum BURIAL, CREMATION, 23b. DATE THEREOF LOCATION (City, town or county) NAME OF CEMETERY, OR CREMATORY 23d. (State) 10 REMOVAL (Specify) orraine 61150 FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR VR AIS DATE 20M

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12244 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 haurs after death and campletely filled in by the funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY Anne Arundal Anne Arundel Maryland MARYLAND CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) papers. Pag hin 72 hours Annapolis davs Riva d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Sylvan Shores Anne Arundel General Hospital YES NAME OF 4. DATE remave carban First Middle Last Manth Day Year DECEASED Lisa Mahie Shields 19 66 September (Type or print) DEATH NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED last birthday) Months Days Haurs Aug. 31. 1966 Female WIDOWED DIVORCED White 2 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) COUNTRY? 86 INDUSTRY Newborn Anne Arundel, Maryland 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Linda Anne Irbv Rov James Shields 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, ar unknown) (If yes give wor or dates of service) Hospital records No 18. CAUSE OF DEATH (Enter only one couse per line for (o) (5), INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND BEATI IMMEDIATE CAUSE (a) signed by DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO use as the lath prior tak stating the underlying cause attending has been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO TY O FUNERAL DIRECTOR: After this certificate Page 4 may be retained by the haspital ar far 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour a.m. factory, street, affice bldg., etc.) Nat While While 21. I certify that (I) (this cosmical offended the deceased from Aug. 31. , 19<u>66</u>, to__ Sept. 2, 1966, that (I) (wed lost _1966 , and that death accurred at M, from causes and on the date stated abave saw the deceased alive on Sent. 22b. DATE SIGNED 220. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. be filed M.D. PHYS 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) directar, NAME OF CEMETERY OR CREMATORY LOCATION (City or Town), BURIAL, CREMATION DATE THEREOF (County) (State) 250. REC'D BY REGISTRAR DATE SEP 8 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 1966

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Pertificate be executed within 24 haurs after death by the funeral Pages 1 and 2 death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission) 1. PLACE OF DEATH b. COUNTY, Anne Arundel o. COUNTY o. STATE Marvland Anne Arundel MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If outside corparate limits, write RURAL and give neorest town) Galesville 35 min. Annapolis e. IS RESIDENCE ON A FARM? and campletely filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS and in any event, within 72 Anne Arundel General Hospital YES NO 3. NAME OF Middle 4. DATE Year First Last Day DECEASED September 19 66 SIEGERT Louis Luvean DEATH (Type or print) IF UNDER 24 HRS. AGE (In years S. SEX DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED XX NEVER MARRIED last birthdoy) Manths Days Haurs WIDOWED DIVORCED White Male 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR County & State, or fareign country) during mast of working life, even if retired) INDUSTRY physician Maryland CONTRACTOR 14. MOTHER'S MAIDEN NAM 13. FATHER'S NAME attending prop 17. INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, ne, grunknawn) (If yes give wor or dates af service) SOPHIE SICGERT crematian, CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise ta immediate cause (o), DUF TO stoting the underlying couse TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been and FUNERAL DIRECTOR. as the last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) far use (NO XX 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) detached f te Dept. af l (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 2Dc. TIME OF INJURY Manth, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) Haur a.m. Nat While factory, street, affice bldg., etc.) at wark at work -, 19/15, ta Sept. 23, 19 66, that (1) (Wex last 21. I certify that (1) (this country) attended the deceased fram_ saw the deceased alive an Sept. 23 1966, and that death accurred at_ M, fram causes and an the date stated above 22b. DATE SIGNED 22a, SIGNATURE DIRECTOR PHYS. M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Cathedral St., Annapolis, Md. NAME (Type) 121 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, REMOVAL (Specify) 23d. LOCATION (City or Tawn) (Stote) 23b. DATE THEREOF esvilles Mousoleum SALPEUI 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE 12246 OF DEATHSUPSEY requires that the death certificate be executed within 24 haurs after death. campletely filled in by the funeral nave carban papers. Pages 1 and y event, within 72 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. COUNTY b. COUNTY o. STATE Maryland Anne Arundel MARYLAND b. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis 2 vrs. 6 mos Crownsville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 55 Shamps Street Crownsville State Hospital NO X YES 3. NAME OF Middle 4. DATE Month First Lost Doy Year DECEASED (Type or print) #26979 27 19 66 Simms 9 Thomas DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF SIRTH S. SFX 6. COLOR OR RACE AGE (In years 7. MARRIED NEVER MARRIED remave birthdoy) Months Doys Hours 3/22/1888 in any Male Negro WIDOWED X DIVORCED 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of wark done during most of working life, even if retired) 11. 8IRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT physician a INDUSTRY COUNTRY? and Maryland Retired

13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, attending physpermit. Then p Elizabeth James Simms 17. INFORMANT Address 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) ((If yes give wor or dotes of service) Hospital Records Unknown No crematian, INTERVAL 8ETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED 8Y: signed by the burial-transit p burial, cremati ONSET AND DEATH Bronchopneumonia IMMEDIATE CAUSE (o) þ **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital or attending physician. DUE TO Inanition Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse has been prior ta Ca of the esophagus with metastasis the OR ATTENDING PHYSICIAN: The law 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) State Dept. of Health NO certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor Haur o.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) MEDI Not While foctory, street, office bldg., etc.) ot work ot work FUNERAL DIRECTOR: After 1964 9/27/ . 1966, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased fram 3/10/ ta director, page 3 shauld shauld be filed with the 9/27/ 1966, and that death accurred at 30 M, fram causes and an the date stated above. saw the deceased alive and 22b. DATE SIGNED 220. SIGNATURE STAFF PHYS. ATTENDING 9/27/66 K M.D. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S Crownsville, Maryland NAME (Type) Benedict, 23c. NAME OF CEMETERY OR CREMATORY *(County) 230. BURIAL, CREMATION, REMOVAL (Specify) LOCATION (City or Town) 23b. DATE THEREOF 9 25H. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR FLINERAL DIRECTOR VR A15 (4) 20 M 1/66

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DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY eq WNE ARUNDEL MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL give nearest town) EUERN SEVERN d. NAME OF HOSPITAL (If not in hospital, give street oddress d. STREET ADDRESS IS RESIDENCE DATE OF DEATH NAME OF Middle DECEASED (Type or print) 5. SEX 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdoy) Months Doys Hours EGRD WIDOWED X DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) KET. FARMER & CHAUFFEUR (0.M.D 13. FATHER'S NAME GEORGE DNOWDER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT NO 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) -14 MOS DUE TO Conditions, if any, which gove rise lo immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES NO V 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Doy, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc. o. m. While Not while of work ot work p. m. 21. I certify that (I) (this hospital) attended the deceased from. _, that (I) (we) last 1966 sow the deceased alive an , and that deoth occurred at _____M, from the causes and an the date stated above. 220_SIGNATURE 22b. DATE ATTENDING SIGNED M.D PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) with ness 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) RBUTUS MEM. PK 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 1SM 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR ST PLACE OF DEATH delay is and 3 to M3. Page of death.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o STATE b. COUNTY MARYLANO OR TOWN (If-outside corporate limits, RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) NAME OF HOSPITAL OR INSTITUTION e. IS RESIDENC (If not in hospital, give street oddress) d. STREET ADDRESS ON A FARM? HECIU DE NO NAME OF DATE Month Doy Year DECEASED OF 196 DEATH (Type or print) S. SEX DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 6. COLOR OR RACE NEVER MARRIED > lgst birthdoy) Months Doys Hours DIVORCED WIDOWED IT. BIRTHPLACE (Stote or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY S. Dakota Watertown Supervisor
13. FATHER'S NAME United Airlines 14. MOTHER'S MAIDEN NAME Earl Snyder Daisev Eblen WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 642 Haddon Ave (Yes, no, or unknown) (If yes give wor or dotes of service) Korean Richard E. Snyder (Brother)Colliposwood VES Unknown 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 20a. EXTERNAL CAUSE WAS (Enter noture of ipitiry in PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED 20e. PLACE OF INJURY 20c. TIME OF INJURY Month, Dov. Year (City or town) (Stote) County foctory, street, office bldg., etc.) Not While 125 QU' ot work 21. I certify that I took charge af the remains described above, held an Autopsy Inquiry and in my opinian Inspection death resulted fram: Natural causes Accident Suicide 🗸 Undetermined manner Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22. OATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) 23b. DATE THEREO! 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION,

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24 haurs after death.

This certificate shauld be executed within

Richard V. Singleton

Sept.

REMOVAL (Specify)

24. FUNERAL DIRECTOR

Glen Burnie. Md.

16,1966 Arlington National Ceml Fort Mever 2So. REC'D BY REGISTRAR

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25b. REGISTRAR'S SIGNATURE

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12249 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. ottending physicion and completely filled in by the funeral permit. Then please remove corbon papers. Pages 1 ond. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b. COUNTY Anne Amundel Anne Arundel MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give negrest tawn) Annapolis days Glen Burnie d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 406 Ferndale Ave. YES NO X Anne Arundel General Hospital 3. NAME OF W First Middle Inst 4. DATE Year DECEASED SOUTH 1966 September Katherine Bertha (Type or print) DEATH IF UNDER 24 HRS. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED DATE OF BIRTH NEVER MARRIED birthdoy) Months Doys Hours White Dec. 1, 1881 ond in any Female WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind af work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT RETTRED HOMEMAKER INDUSTRY Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removo ERNEST LETTAU MARY MANGOLD 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service) MRS. DORIS L.JAKUBUWSKI, 406 FERNDALE AVENUE NONE burial, cremotion. 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN the burial-tronsit ONSET AND DEATH NEUMONIA IMMEDIATE CAUSE (o) signed by Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, if ony, which gove FEEDING rise to immediate couse (o) DUE TO for use os the L Health prior to b stoting the underlying couse this certificate has been PIGLO INCOM PETENCE lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION State Dept. of Health TERIOSCLERROTIC. CHRONIC NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year (City or town) (County) (Stote) Ноиг о.т foctory, street, office bldg., etc.) ot work O FUNERAL DIRECTOR: After 21. I certify that (I) (this basical) attended the deceased fram . 19 1966, that (1) PW6) last to Sept. director, page 3 should should be filed with the saw the deceased alive an Sept. 7 19 66, and that death accurred at M, fram causes and an the date stated above. 10:40 220. SIONATURE 22b. DATE SIGNED. STAFF M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23a. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) BURIAL (Specify) LOUDON PARK CEMETERY 9-10-66 BALTIMORE MARYLAND ADDRESS 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 HOWARD H. HUBBARD, 4107 WILKENS AVERUE 21229

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12250 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death the ottending physicion ond completely filled in by the funerol sit permit. Then please remove carbon papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY Anne Arundel o. STATE Maryland o. COUNTY Anne Arundel MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Churchton c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest tawn) Churchton vears d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Franklin Manor Franklin Manor YES NOX 3. NAME OF Middle 4. DATE Manth Year Day DECEASED (Type or print) OF DEATH B. Robert IF UNDER TYFAR 9. AGE (In years 6. COLOR OR RACE 7. MARRIED Jan. 29,1915 birthday) Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind af work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? Maine 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremotion, or removol, Harold B. Stabler Sarah Farguhar 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, ar unknawn) (If yes give war or dates af service) 16. SOCIAL SECURITY NO. Wife 17. INFORMANT Address Same as Item 2. Juliet N.Stabler 578-07-8756 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN buriol-transit ONSET AND DEATH IMMEDIATE CAUSE (a) signed by DUE TO Canditians, if any, which gave rise ta immediate cause (a), DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been os the WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) MEDICAL CERTIFICATION NO X YES for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, (City or town) 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED (County) (Stote) factory, street, office blda., etc.) Not While at wark 21. 1 certify that (1) (this haspital) attended the deceased fram. 1966, that (I) (we) last 19 66, and that death occurred at 4 16 AM, from causes and an the date stated above. saw the deceased alive an___ 22n SIGNATURE 22b. DATE SIGNED M.D. PHYS DIRECTOR 22d. ADDRESS 22c. PHYSICIAN NAME (Type) director, 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23d. LOCATION (City or Tawn) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) Sandy Spring, Maryland
REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Friends M. House Cem. 10-2-66 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR PUMPHREY Bethesda, Maryland VR A15 (4) ROBERT A. Ocharlen 1966

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS	, 301 W.	PRESTON STREET,	BALTIMORE, MARYLAND 21201
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write KUKAL or	Annapolis		RURAL-Annapolis (Cro	wnsville.)
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Enfond I	Harrison Strin		Ellen Clifton Harlow	
	/ER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
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OR CONTRIBUTIN	G CAUSE OF DEATH	205. DESCRIBE NOW INDOCT OCCURRED.	tener notice of injury in for for for it of near 12.	
(IF EITHER, NOTIF	Y MEDICAL EXAMINER)	T and Industry occupants T and Industry	ACE OF INJURY (Home, form, 20f, (City or town)	(County) (State)
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23o. BURIAL, CREMAT	ION. 23b. DATE THEREO	DF 23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City or Town)	(County) (Stote)
REMOVAL (Specif	(v)			
24 FUNERAL-DIRECT	Sept 28,	ADDRESS NATINGTON NAT	tional Cemetery Ft. Meyer 250. REC'D BY REGISTRAR 25b. REGISTR	AR'S SIGNATURE
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then blease remove carbon papers. Pages 1 and 2 should be filed with the State Dept. at Health priar to burial, crematian, ar remayal, and in any event, within 72 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12252 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY delay is and 3 ta M3. Page A.A.CO o AACO. death. MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pup P.M3. write RURAL and give nearest tawn) after lew BURNIE 27-51h. AVE .en BURNIE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? hours D.O.A-NORTH - ARUNDEL-YES NO 3. NAME OF Lost 4. DATE Month Year 5 Doy DECEASED 0F Charles 1966 27 (Type or print) DEATH within IF UNDER 1 YEAR DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE NEVER MARRIED lost birthdoy) Months 8-26-18 W WIDOWED DIVORCED and 2 event 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? in any New Jersey
14. MOTHER'S MAIDEN NAME USA Medical Examiner's Meat Store Manager

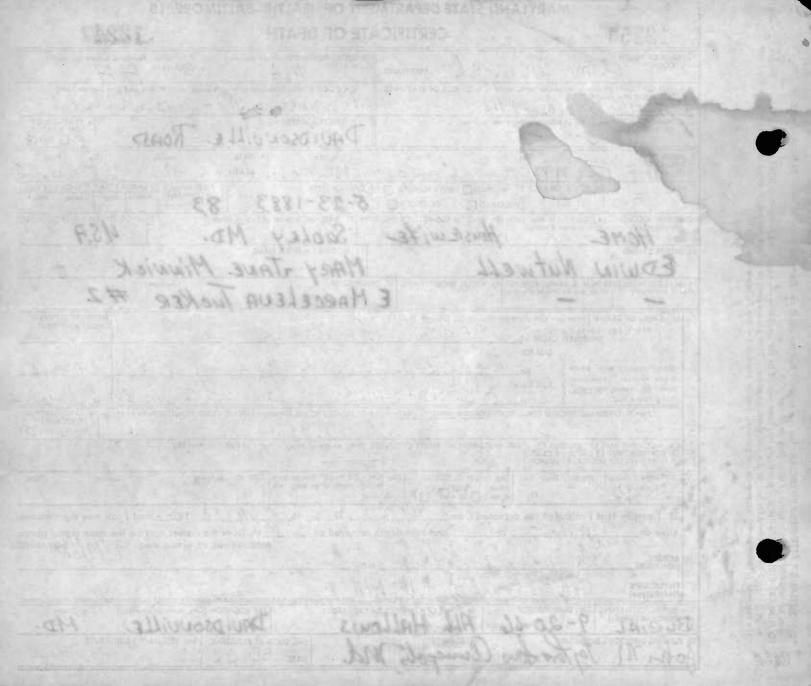
13. FATHER'S NAME pencil executed within Ethel pup Bradley Joshua F. Swain 17. INFORMANT Glen Burnie , Mi. (Yes, no, or unknown) ((If yes give wor or dates of service) remaval, Mrs Norma Swain. 610 B. & A. Blvd. NE Yes WW 11 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY 50 IMMEDIATE CAUSE (o) Ward This certificate shauld crematian, DUF TO le ster Conditions, if ony, which gove rise to immediate couse (a). DUF TO stoting the underlying couse burial 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO K Health or its designated agent, priar ta 20o. EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 1) of item 18.) PRIMARY For CONTRIBUTING whereah wile CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor factory street, office bldg., etc.) Not While may be retained for your FUNERAL DIRECTOR: Page of work MO 1966 ot work ond in my opinion 21. I certify that I took charge of the remains described above, held an Autopsy Inspection death resulted from: Natural causes Accident . Suicide ... Homicide Undetermined manner the funeral directar. CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** 9.27-66 NAME (Type) Address (Street, city, town, or county) 23d. LOCATION (City or Town) 23o. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 0 REMOVAL (Specify)
Burial Glen Haven Memorial
ADDRESS 250. Glen Burnie . 29 Sept. 66 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 1966 VR A15ME (5) Kirkley Funeral Home. Glen Burnie. Md. 6M 1/66

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	MARTLAND STATE DEPARTMENT OF REALTH—DALTIMORE, 10
4 3	12253 CERTIFICATE OF DEATH R. 12:24.7
Page director	PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY A A B COUNTY B COUNTY B COUNTY B COUNTY B COUNTY COU
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24 hours led i	3. NAME OF DECEASED First Middle Last 4. DATE Month Day Year OF
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HYSICI I or other his certification, imation,	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. jt. P. m. 19 Of work at wor
DING B hospito After the hed for riol, cre	21. I certify that I attended the deceased fram. 9/18, 1966, ta 9/18, 1966, that I last saw the deceased
ATTEN	alive on 10,60,12, and that death occurred at 12,5 M, from the causes and an the date stated above ACTUAL SIGNATURE ACTUAL SIGNATURE M.D. ACTUAL M.D.
AL OR stained NL DIRE ould be or prior	PHYSICIAN'S Chawles H Mariate
DSPIT be re INERA e 3 sh registr	22c. BURIAL, CREMATION, 22b. DATE THEREOF, 22c. NAME OF CEMETERY, OR CREMATORY 22d. LOCATION (City, town, or county) (State)
Poge the re	BREMOVAL (Specify) 9-20-66 ALL HALLOWS DAVIDSONVILLE MD- 22 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 120 REC'D BY REGISTRAR 240, REGISTRAR'S SIGNATURE
VS A15 (4) 15M 9/55	John M. Joy last Louis and Md. 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 #G380 9/16/66 pc AL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY M. Co Page ARCO 0 of death. MARYLAND Deportment b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pup after d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? hours Office along with form Give Poges 1, awaei NO D 24 hours after deoth. 3. NAME OF 4. DATE OF Month Year DECEASED (Type or print) Ace KNEK DEATH IF UNDER DATE OF BIRTH 9. AGE (In years 6. COLOR OF RACI 7. MARRIED NEVER MARRIED Months Hours Item 18. WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT INDUSTRY in any d "pending" in pencil in Chief Medical Examiner's ATHER'S NAM MOTHER'S MAIDEN NAME be executed within pup 16. SOCIAL SECURITY NO. WAS DECEASED EVER IN U.S. ARMED FORCES? no or unknown) (If yes give wor or dotes of service) removol, 18. CAUSE OF DEATH (Enter only one couse per line per (o), (b), and (c).) ONSES AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: 0 IMMEDIATE CAUSE (o) This certificate should writing the word crematian, DUE TO Conditions, if ony, which gove rise to immediate couse (o). DUE TO 0 stoting the underlying couse farworded lost. burial, 19. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? NO pleose execute the certificate, its designoted ogent, prior to 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.1/2) PRIMARY I or CONTRIBUTING I CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Page 1966 ot work 21. I certify that I tank sharge of the remains described above, held an Autopsy [Inspection 7 Inquiry and in my apinian the funeral director. death resulted from: Natural couses Accident Suicide Hamicide Undetermined manner may be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY necessory, 0 DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may FO FUNE Health Address (Street, city, town, or county) NAME (Type) (City or Town) BURIAL, CREMATION, 23b. DATE THEREOS REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 2Sb. VR A15ME (5)

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAI	RYLAND
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b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)	give neerest town)
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	YES NO Dey Yeer
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MAKE Negro WIDOWED DIVORCED 3-7-1900 GG YES. Months DE	ays Hours Min.
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Conditions, if eny, which gove rise to immediate couse	unkneun
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21. I certify that (I) (this hospital) attended the deceased from 9-30-65, 1955, to 9-28, 1966, saw the deceased alive on 9-25, and that death occurred at 900 M, from the causes and on the	
22a. SIGNATURE ATTENDING MED. STAFF PHYS. PHYS. DIRECTOR PHYS. 9/2,	22b. DAT SIGN
222. PHYSICIAN'S NAME (Type) KI CHOYO H. HUNT 22d. ADDRESS 100 Chang Law Glen Burn	in Md
23a. BURIAL, CREMATION, 23b. DATE THEREOF BREMOVAL (Specify) 10-1-66 23c. NAME OF CEMETERY OR CREMATORY Baltimore, Md.	(State)
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MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. COUNTY b. COUNTY ANNE ARUNDET MARYLAND ANNE 12 P MARYLAND ARINDET. by the and 2 death. b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give neerest town FORT GEORGE G. MEADE, MD 5-GEO G MEADE. MD Pages within filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE ON A FARM? Forrest KIMBROUGH ARMY HOSPITAL, FGGM YES NO THE Geo Meade. papers. in 72 ho completely 3. NAME OF Middle 4. DATE Dev Month Yeer DECEASED OF KENNETH A. UNDERWOOD SEPT (Type or print) DEATH 66 19 pou with 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. and lest birthdey) Months ğ M CAUCASTAN 2h Dec hi WIDOWED DIVORCED [attending physician гетоуе 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) in any SOLDIER NONE Moline Rock Island. USA ease 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME DECEASED KATHRYN HELDE ā 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address MRS KATHRYN HELDT Box 117 Orion. by the 63-1 Sept 66 360-36-1 permit. attending physician. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c),] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: Asphyxiation ONSET AND DEATH P has been signed e burial-transit pe IMMEDIATE CAUSE (e) cremation, DUF TO Smoke Inhalation Conditions, if eny, which geve rise to immediate cause DUE TO the bur burial, (e), steting the underlying ceuse lest. the hospital or certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY CERTIFICATION as 0 PERFORMED? X NO T use 9 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Pert I or Pert II of item 18.) P OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Smoke Inhalation WEDICAL 2Dc. TIME OF INJURY 2Dd. tNJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) fectory, street, office bldg., etc.) Not While 40 FT GEO G MEADE. MD et work Sept 19 66 et work DIRECTOR: Dept. 21. I certify that (I) KINICAGAGO ADERGAGO ADERGAGO AND WAS DOA Sept, 19.00, that (1) (3020) last 39K XX Dank the description of the date stated above. 22e, SIGNATUR 22b. DATE ATTENDING SIGNED PHYS. DIRECTOR PHYS. death. Page 4 M.D. page with t 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) M SNEIL, Capt. KIMBROUGH ARMY HOSPITAL. filed , 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) REMOYAL (Specify) O To Sept. 1966 SWEDONA LUTHERN CEMETERY Illinois 25a, REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS SEP VR A15 (4) Harold S, Wade, 550 Wash., Blvd, , Laurel, Maryland 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH

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	24 hours filled in by appers. Papers. Papers.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 7/87 Furnace Br Rd e. IS RESIDENCE				
	requires that the death certificate be executed within 24 hours after ding physician. been signed by the attending physician and completely filled in by the the burial-transit permit. Then please remove carbon papers. Pages to to burial, cramation, or carbon, and in any event, within 72 hours after the burial, cramation.	A AIAIA DALLE ALLIGATION A FARM?				
	thin tely on p with	3. NAME OF First Middle Last 14 DATE Month Day Year				
	executed within and completely remove carbon is any event, with	(Type or print) MABEL OPRIGHT DEATH 9 1966				
	d col	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. ast Orthoday) Months Days Hours Min.				
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	NDING PHYSICIAN. The law requires that the by the hospital or attending physician. After this certificate has been signed bild be detached for use as the burial-tranhe State Dept, of Health prior to burial, cra	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 202. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 204. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)				
	the h this this detac	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 20m. 2				
		Hour a.m. While Not While p.m. 19 at work 19 at work				
	ATTENDIN retained b CTOR: Aft should b vith the St	21. I certify that (I) (this hospital) attended the deceased from 29 0 4, 196, to 7 56 Pl, 186, that (I) (we) last say the deceased alive on 257 Pt, and that death occurred at 10 PM, from the causes and on the date stated above.				
	ATT retc 3 sh with	22b. DATE SIGNED				
	L OR ny be DIR age filed	M.D. ATTENDING MED. STAFF DIRECTOR DIRECTOR PHYS. DIRECTOR PHYS.				
	TO HOSPITAL OR ATTENDIN Page 4 may be retained TO FUNERAL DIRECTOR: Af director, page 3 should I should be filed with the S	NAME (Type) EDVARD S. BECK FRANKLINST ANNAPOLIS MD.				
	Page Page FUI direc	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)				
	1	CREMATION 477-66 PLANCOLN SAMENSBURG PLANCOLN SAME PROPERTURE				
	VR AIS (4)	John M. Taylor Lens Chmapalis Ma. DATESEP : 3 1956 religible				
	20M 1/65	Judge.				

Howar polis BEETHA CA 37-6-6: EDWARD S. BECK FRINKINST ANNATOLISMO CEENOHON SP-16 FT LINCOLD, BLADENSBURG PLD. - Misterles 1240 Muserles Hill

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY o. STATE b. COUNTY and 3 ta M3. Page 7.11. CO of o after death. MARYLAND Department b. CITY OR TOWN (If autside carparate limits. CLENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give negrest tawn) d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? haurs 209 Dale Road NO K 3 NAME OF First Middle 4. DATE Day Year within 72 DECEASED 22 (Type or print) 19 DEATH S. SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED uthday) Manths Haurs WIDOWED event log, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR (State or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? anv executed within _ and IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANI (Yes, na, or unknown) (If yes give war or dates of service ar remayal. CAUSE OF DEATH (Enter only one cause per line for (et), (b), and (c),) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) should crematian. Canditions, if any, which gave rise to immediate cause (a), DUF TO stating the underlying cause burial. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? 20a. EXTERNAL AUSE WAS PRIMARY TO OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part II. of item 18.) CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) Nat While factory, street, affice bldg., etc.) at wark 21. I certify that I taak sharge of the remains described above, held an Autopsy for Inspection and in my apinian Suicide [] · death resulted from: Natural causes Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ar its ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may O FUNE Health NAME (Type) Address (Street, city, tawn, or caunty) 23d. LOCATION (City ap Jawn) BURIAL CREMATION 23b. DATE THEREOF (State) 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) DATE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE L.MARYLAND CERTIFICATE OF DEATH funeral and 2 death. death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY after npletely filled in by the f carbon papers. Pages 1 ent, within 72 hours after MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town). 24 hours eurs COMLIND d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES NO Ar within NAME DF DATE DF DEATH First Middle Day Month Year Last DECEASED event, (Type or print) 19 executed SEX 6. COLOR DATE OF BIRTH LIF UNDER 1 YEAR IIF UNDER 24 HRS. 9. AGE (In years remove 7. **NEVER MARRIED** last birthday) Months Hours any Days WIDOWED DIVORCED the attending physician a permit. Then please restion, or removal, and in = 1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR (County & State, or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address death (Yes, no, or unknwn) | (If yes give war or dates of service) cremation, Theodore W. Wh been signed by the the burial-transit por to burial, cremati CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to Immediate has been e as the l DUE TO cause (a), stating underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY use Health PERFORMED? certificate NO for hospital PHYSICIAN: After this certifi be detached fo State Dept. of H 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. After While Not While at work p.m. at work DIRECTOR: Af age 3 should | iled with the S 21. I certify that (I) (this hospital) attended the deceased from 19 that (I) (we) last and that death occurred at 9 saw the deceased alive on AM, from the causes and on the date stated above. 22a. SIGNATURE 22h. DATE SIGNED ATTENDING DIRECTOR. M.D. PHYS. director, pag should be fill ра 三 HOSPITAL PHYSICIAN'S 22c. 22d. ADDRESS P.O. EOX 73 NAME (Type) SEVERNA PARK, MD BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) AA.Co UTIAL NA REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR 25b. 66 VR A15 (4)

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301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) a. COUNTY L COUNTY MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) CITY OR TOWN (if outside corporate limits. write RURAP and give negrest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street andress) e. IS RESIDENCE d STREET ADDRESS ON A FARM? YES NO 3. NAME OF Middle DECEASED OF (Typa or print) DEATH 2 19 66 ANCES whitehead AGE (In eers IF UNDER 1 YEAR last birthdey) Months Deys 6. COLOR OR RACE 7. MARRIED IF UNDER 24 HRS. 5. SEX NEVER MARRIED WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLAGE (County & State, or foreign country) done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkgwn) | (If yes give we ror detes of service) and INTERVAL BEAWEEN 18. CAUSE OF DEATH [Enter only one ceuse penline for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediata ceuse DUE TO (a), steting the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY PERFORMED 200. ACCIDENT WAS INDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Pert I or Pert II of item 18 20d. INJURY OCCURRED | 20c. TIME OF INJURY Month, Dey, Yeer 20e. PLACE OF INJURY (Homa, ferm, ! 20f, (City or town) (County) (Stata) factory, street, office bldg., atc.) Hour a.m. While Not While at work at work p.m. 21. I certify that (1) (this hospitel) attended the deceased from.... (we) last19. 22b. DATE 22a. SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. PHYS. 22c. PHYSICIAN 22d. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LQCATION (City, town or county) (Stete) REMOVAL (Specify) 66 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 15M 9/60

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Items #2c & CERTIFICATE 6/66 pc 12263 executed within 24 haurs after death completely filled in by the funeral nave carban papers. Pages 1 and 2 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Anne Arundel MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glen Burnie d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) 67 Days e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 122 Wilson Blvd North Arundel Hospital YES NO 3. NAME OF Middle Lost 4. DATE Month Doy DECEASED OF DEATH WIEGAND (Type or print) SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR lost birthdoy) Months Dovs Hours in any X WIDOWED DIVORCED 6 June 1885 Female White 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Housewife lease INDUSTRY COUNTRY? attending physician permit. Then please certificate Own Home Severn. AA Co. Mi TEA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remaval. Nathaniel Day Emma Dyson 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address requires that the death (Yes, no, or unknown) (If yes give wor or dotes of service No Victor A. Sulin. Severn . Md. crematian, INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO munic heart huseane Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse the haspital or attending priar ta O FUNERAL DIRECTOR: After this certificate has been the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? CERTIFICATION NO F far 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) Not While ot work ot work pe 19/26that (1) (we) last 21. I certify that (1) (this haspital) gitended the deceased fram. 1900, ta_ shauld 19/06, and that death accurred at APM, fram causes and an the date stated above saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. PHYS. DIRECTOR PHYS. director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Ernest A. Leipold, M.D. 425 Ritchie Hghy SE, Glen Burnie, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION (County) (Stote) REMOVAL (Specify)
Burial Cedar Hill Cemetery Baltimore 25. Mi. 1 Oct. 66 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 Kirkley Funeral Home, Glen Burnie, Md. DATE

MARYLAND STATE DEPARTMENT OF HEALTH

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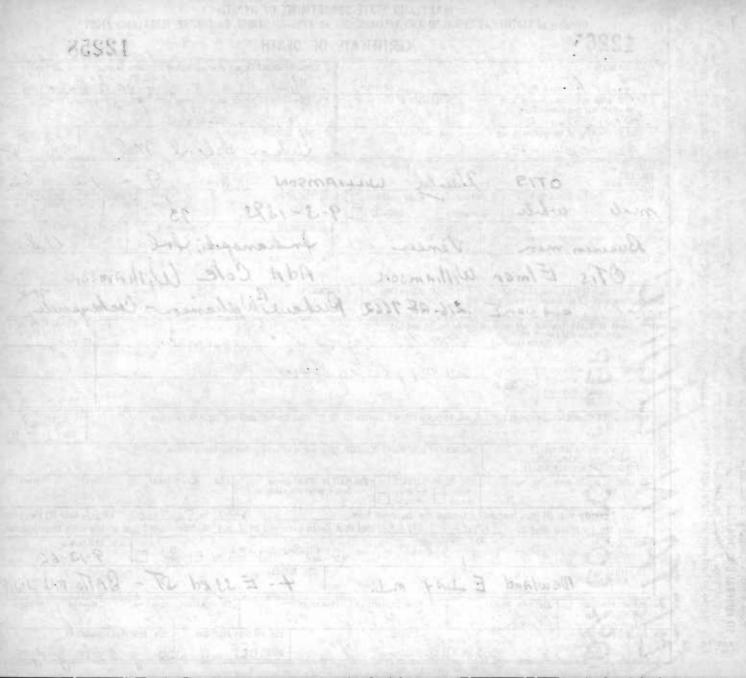
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2264 law requires that the deoth certificate be executed within 24 hours after deoth PLACE OF DEATH
o. COUNTY 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE Maryland b. COUNTY Anne Arundel Anne Arundel MARYLAND the ottending physician and completely filled in by the sit permit. Then please remove corbon papers. Pages b. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town)

Annapolis, Md.

1618 Forest Drive c. LENGTH OF STAY IN 1b Annapolis
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Anne Arundel General Hospital YES | NO X 3. NAME OF Middle 4. DATE Lost Month Doy DECEASED (Type or print) Belle WILLIAMS September 11 19 66 Mae DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED XX DATE OF BIRTH 9. AGE (In years NEVER MARRIED lost birthdov) Months Doys Hours Female White WIDOWED DIVORCED May 10, 1914 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 1). BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired 1 **INDUSTRY** COUNTRY? HOME Anne Arundel, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME SARAH IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service 0 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per live for (o), (b), and (c),) buriol-tronsit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gove rise to immediate couse (o). DUF TO stoting the underlying couse Poge 4 moy be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate hos been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? CERTIFICATION NO K Po 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER director, page 3 should be detoche should be filed with the State Dept. 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m Not While foctory, street, office bldg., etc.) ot work ot work . 19 to Sept. II 19 66 that (I) (we) last 21. I certify that (1) states countries attended the deceased from sow the deceased olive on Sept. 11 19 66, and that death occurred of __M, from causes and on the date stated above. 22b. DATE SIGNED 22o. SIGNATURA M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S Cathedral St., Annapolis, Md. NAME (Type) 121 William F. Krone, M.D. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) 250. REC'S BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 1966

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12265 CERTIFICATE OF DEATH requires that the deoth certificate be executed within 24 hours after deoth. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) and completely filled in by the funera o. COUNTY MARYLAND Anne b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest fown) IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS hin YES NO Z 3. NAME OF Middle DATE First Dov Year DECEASED OTIS 66 WILLIAMSON 19 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR QR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years lost birthdoy) Months Doys Hours WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OF 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) 56 during mest of working life, even if retired) **NDUSTRY** COUNTRY? Business man 13. FATHER'S NAMI 14. MOTHER'S MAIDEN NAM WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) would wan CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) INTERVAL BETWEEN signed by the burial-transit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying couse hos been lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO for 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) (County) Hour o.m. foctory, street, office bldg., etc.) Not While of work O FUNERAL DIRECTOR: After ot work . 1947. to SUAT. 12. 19 66 that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased from be retoined saw the deceased alive an Election 27 19 66, and that death accurred at 7.31 PM, fram causes and an the date stated above. 220. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. PHYS. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S Newland NAME (Type) .21218 director, 23o. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or, Town) (County) (Stote) REMOVAL (Specify) 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24_FUNERAL DIRECTOR



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH and 2 The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) and completely filled in by the funeral o. COUNTY NNE ARUNDIEL o. STATE b. COUNTY Anne Amuele 1 MARYLAND Pages C. LENGTH OF STAY IN 16 (If outside corporate limits, C.C. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET_ADDRESS IS RESIDENCE P NO YES NAME OF Middle corbon 4. DATE Month Dov Year DECEASED OF MES W60 19 66 DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SFX 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthday) Months Days Hours WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? pleose ELValon 13. FATHER'S NAMI 14. MOTHER'S MAIDEN NAME 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Same 9.5 (Yes, no, or unknown) (If yes give war or dotes of service) 0 216-36-# a 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN buriol-tronsit QNSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed by DUF TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying cause the hospitol or attending TO FUNERAL DIRECTOR: After this certificate hos been as the lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION for use NO YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dov. Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) 21. I certify that (1) (this haspital) attended the deceased fram. 26 1966, and that death accurred at RTP M, fram causes and an the date stated above saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 2106 director, 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) BURIAL 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR VR A15 (4 1966 20 M 1/6 DATE

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